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ABSTRACT

The document contains the proceedings of the third national conference on the handicapped student on college campuses. Forty-four papers are divided into seven categories--keynote address, student advocacy, support services, inservice training, long range planning, specialized services, and summary. Among the presentations are the following titles and authors: "The Emergence of the Disabled Civil Rights Movement" (E. Roberts); "Establishing a Positive Attitude Toward Disabled University Students" (J. Greve); "Psycho/Social Adjustment to Disability" (J. Taggie, J. Dahlberg); "How Can We Reach Faculty Members on Our College Campuses?" (C. Goldstein); "Building Linkages with the Rehabilitation Agency--Development and Implementation of a Model Program" (M. Porter, J. Varty); and "Counseling and Accommodating the Student with Learning Disabilities" (D. Brown). A report of a conference evaluation, a list of participants, and the conference agenda conclude the document. (SB)

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The Handicapped Student on College Campuses—Advocacy, Responsibility, and Education

The Third National Conference

Sponsored by the Association
on Handicapped Student
Service Programs in
Postsecondary Education

Held in Denver, Colorado
May 18-21, 1980

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FORWARD

The third national conference on the handicapped student on college campuses, sponsored by the Association on Handicapped Student Service Programs in Postsecondary Education (AHSSPPE), was held at the Plaza Cosmopolitan Hotel in Denver, Colorado May 18-21. This conference resulted from an expressed desire on the part of professionals in the field for continued updating ahd sharing of information and service delivery techniques which can enhance equal opportunity for students with disabilities. The first and second conferences were held at Wright State University through cooperative sponsorship by the Bureau of Education for the Handicapped, Wright State University, and the Dayton Area Chamber of Commerce.

The planning committee met in Detroit, Michigan in November 1979 to select program proposals which were previously submitted through a call for programs by AHSSPPE. Topical areas of interest to the planning committee which were not represented by the proposals were assigned to members of the committee who were then responsible for developing these sessions.

The major goal of the committee was to design a conference format which could maximize the opportunities for both formal and informal idea sharing. In an attempt to address this goal, the majority of concurrent sessions were repeated. Two plenary sessions were planned to focus on what the committee felt to be the two priority target groups for this year's conference - the learning disabled and hearing impaired student. An information sharing session was scheduled to provide participants an opportunity to display materials and discuss innovative programs in an expo arrangement. A resource room was organized for display of materials relevant to the field and participants were encouraged to bring pertinent information with them to add to the displays. Profit and non-profit retailers and organizations were invited to exhibit their products. An orientation to the field and a cash bar reception were offered the first evening to stimulate interaction among the participants.

It is important to note that the ideas represented by the speakers both during the conference and within these proceedings represent the individual expertise of the speakers and are not meant to exhaust the possible approaches to service delivery. This information, however, should be of guidance to professionals in the field as they explore techniques for program development and problem solving.

AHSSPPE recognizes that the success of the past three national conferences is related to a definite need and interest on the part of professionals interested in service delivery to the student with a disability on the postsecondary level. It is therefore, the intent to continue the annual conferences as a major activity of AHSSPPE.

AHSSPPE is grateful for the work of the committee for planning and organizing the conference and to the presenters who were willing to share their ideas in order to make it a success.

Gwen H. Callas
Conference Coordinator

(Kent State University
Coordinator, Handicapped
Student Services)

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Denver Conference Bureau

Denver Center on Deafness

Denver Commission on the Disabled

Community College of Denver

Keynote Address

OPENING REMARKS

Cindy Kolb, President

Good morning. I would like to welcome you to the third annual conference on the Handicapped Student on College Campuses. As I'm sure you know, coordinating a national conference is a huge undertaking - one that emerged here through a tremendous amount of volunteer time and energies. It seems most appropriate, then, for our opening session to begin with acknowledgement of key people who are essential to the conference's success. Special thanks go to: Gwen Callas, the Conference Coordinator; Barb Travis, Program Assistant; Ron Blosser, Publicity Chair; Riva Lewis, Conference Site Co-Chair; Roberta Goldfarb, Conference Site Co-Chair, Pat Marx, Proceedings Chair; Chris Ethier, Exhibit Chair, Janet Huss, Program Expo Coordinator; Barb Hummei, Resource Room Coordinator. Congratulations on creating an atmosphere where we can learn and have fun!

A real important component to the effective learning that can occur here is your participation, which is invaluable during the next three days. Your presence today suggests to me a commitment in learning - a belief in the active presence of students with disabilities on college campuses. Such a commitment is reflected in the philosophy of the Association this year and our conference theme - advocacy, responsibility and involvement in post-secondary education. Perhaps at no other time has that philosophy been so vital to the full integration of handicapped students in higher education. Cut backs in the economy shown through a lack of federal funds to assist with implementation of 504 plus restrictions in the operating budgets of individual colleges threaten the development of essential programs for handicapped students. A recent AHSSPPE survey highlighted the strains of funding resources by revealing that, with increasing frequency, state rehabilitation agencies are withdrawing financial aid for the purchase of auxiliary aids and support services. Since colleges have not been able to have input into this process, the opportunities for disabled students to pursue a college career may be jeopardized.

And yet, at no other time has a college background been more crucial to handicapped persons. Professional training is essential for employment in management/policy setting positions - for job placement in a tight employment market and upward job mobility. Education is a key ingredient in the development of student self-advocacy skills and future occupational success.

With budget restraints and the on-going need to pursue attitudinal/architectural accessibility, how can we build our credibility and impact on the higher education community? Well...we can become allies with each other - certainly, I hope, a process inherent in this conference's success. We can establish communication resource networks within our Association and with other groups so that our viability is enhanced. We can become advocates in affirming a belief in the rights of a handicapped person to select and define a meaningful academic career. We can be responsible by continuously monitoring our progress - through student and peer evaluation - through a commitment to facilitating the integration of disabled students in all aspects of college life. Finally, we can be involved through an investment in upgrading our professional skills, through maintaining open communication with students so that promoting campus accessibility is a shared effort; through assuming a proactive posture to counter the stereotypes - the misconceptions - traditionally associated with handicapped persons.

The challenge clearly is before us. A challenge that can effectively be met by realizing that we - individually and as a group - are the most valuable resources we have. One awareness that I hope emerges from this conference is a belief in our collective energy - in our ability to be initiators, creative forces and allies with one another and other organizations. We are very much part of a new, exciting movement. I am heartened by our enthusiasm and your willingness to confront the stresses of change. I am also heartened by our keynote speaker whose life experiences embrace the philosophy we have emphasized this year. Ed Roberts is Director of California Department of Rehabilitation and founded CIL-Berkeley. He is also founder of the Disabled Student Services Office of University of California-Berkeley. Welcome, Ed!

THE EMERGENCE OF THE DISABLED CIVIL RIGHTS MOVEMENT

Edward V. Roberts, California Department of Rehabilitation

I'm here today to encourage you. You are the emerging leaders of the disabled civil rights movement and I want to urge you to take risks. One of the great values in learning to take risks is that you discover that you have many more options that you ever thought possible. I can't count the times I've been told that I'm unrealistic. I've learned that it is a fundamental mistake to let other people define what's realistic and what's not.

When I got polio, the doctors told my parents that I would be a vegetable for the rest of my life. Now I tell people I'm an artichoke: a big heart and prickly on the outside.

As members of the disabled civil rights movement we must together work to insure that our universities are responsive. We must make sure that there are no service gaps which would inhibit our right to an education. We must make sure that our universities hire persons with disabilities at all levels. We must make sure that our universities has and instills a positive attitude toward disability. We must make sure that universities respect and foster our rights.

One of our major responsibilities is toward children with disabilities. We must work vigorously to ensure that the federal and state laws which guarantee an integrated education to children with disabilities are strictly enforced. We must recognize our obligation to serve as role models for children with disabilities. We must encourage students with disabilities to enter the teaching profession. A young child could have no better role model that a teacher with a disability.

When I was at U.C. Berkeley in the '60's, I and almost every other student on campus became involved in the Civil Rights Movement. We were fighting for the basic rights of black people. But, during my involvement in that movement, I suddenly realized something that has since been extremely important to me --that I'm part of a minority that is as segregated and devalued as any in America's history. I am part of the disabled minority.

I quickly found that other disabled students shared my feelings. We all felt a sense of anger, frustration, and isolation. The more we talked, the more it became apparent that we needed to organize if we were to create our own Civil Rights movement.

These early years of organizing were filled with mistakes and confusion, but they were exhilirating and taught me invaluable lessons.

The first task was to clearly define our objectives. We had to translate our anger, frustration and isolation into a set of needs, which in turn would be translated into a bill of rights for disabled persons.

Over a period of years, we literally transformed the U.C. campus and the City of Berkeley. We changed the architecture and we changed attitudes.

The University must have thought that we were insatiable: we demanded curb cuts, ramps, interpreters, readers and on and on. We held meetings, we demonstrated, we leafleted. After a while, the University realized that our interests and theirs did not clash.

Our struggle for equality had its humorous side. One fall, we decided to go to the Cal football game. We wheeled up to the stadium and asked the gatekeeper the cost of a seat. When he told us, we wheeled on in telling him that we had brought our own seats.

We soon realized that our struggle could not be confined to the campus. The City of Berkeley offered a myriad attractions to us but it was virtually closed off because of architectural barriers. We had to develop new skills and strategies to deal with elected officials, to gain the curb ramps and other changes that have made Berkeley one of the most accessible cities in the nation.

As I mentioned above, my experiences in Berkeley taught me a number of invaluable lessons. One of our most critical strategic decisions was to join forces with persons with other types of disabilities. None of us wanted this to be simply a wheelchair crusade. We enlisted the support of deaf students, blind students, and students with epilepsy and others. We quickly learned the value and strength of coalition politics. As the years went by, our struggle moved from city to county to state to national politics.

We found that we also had many common issues with the elderly and began to form coalitions. We knew that institutionalization made no sense either for a disabled or elderly person. We knew that the medical model based on illness made no sense. We knew we had to move toward models based on human potential.

We also learned the value of publicizing our struggle. We found that the media was willing, sometimes even anxious, to give us coverage. Media coverage often tended to enhance our bargaining position with administrators and politicians.

Most importantly we learned to take risks. I am constantly amazed by the fact that most people are not willing to take risks. When I was in college, I decided I wanted a power chair so I could be alone with my girlfriend. The doctors told me it was impossible but my motivation kept me going. At first, I had difficulty operating the chair but I learned, and in the process gained a great deal of freedom.

A few years ago, the federal government was on the verge of adopting a set of regulations which would have seriously undermined the rights which we had thought we won when Congress passed Section 504. The odds on altering this decision, which was made the highest levels, seemed overwhelming but we knew that together we could beat the odds. A group of persons with disabilities occupied the Federal Building in San Francisco. There was national media coverage of their stay in the building daily. A local Congressman held a Congressional Hearing in the occupied building. A delegation was sent to Washington to demonstrate at the White House and to lobby Congress. Finally, after a month-long occupation, the decision was reversed and the 504 regulations now stand as a Bill of Rights for persons with disabilities in this country. It showed we were tough, principled and willing to fight attitudes.

We also have an obligation to work with the parents of children with disabilities. We must show them by the example of our own lives that their children have a bright future. We must help organize the parents of children with disabilities. We must make sure that they understand that their children have a right to an integrated education.

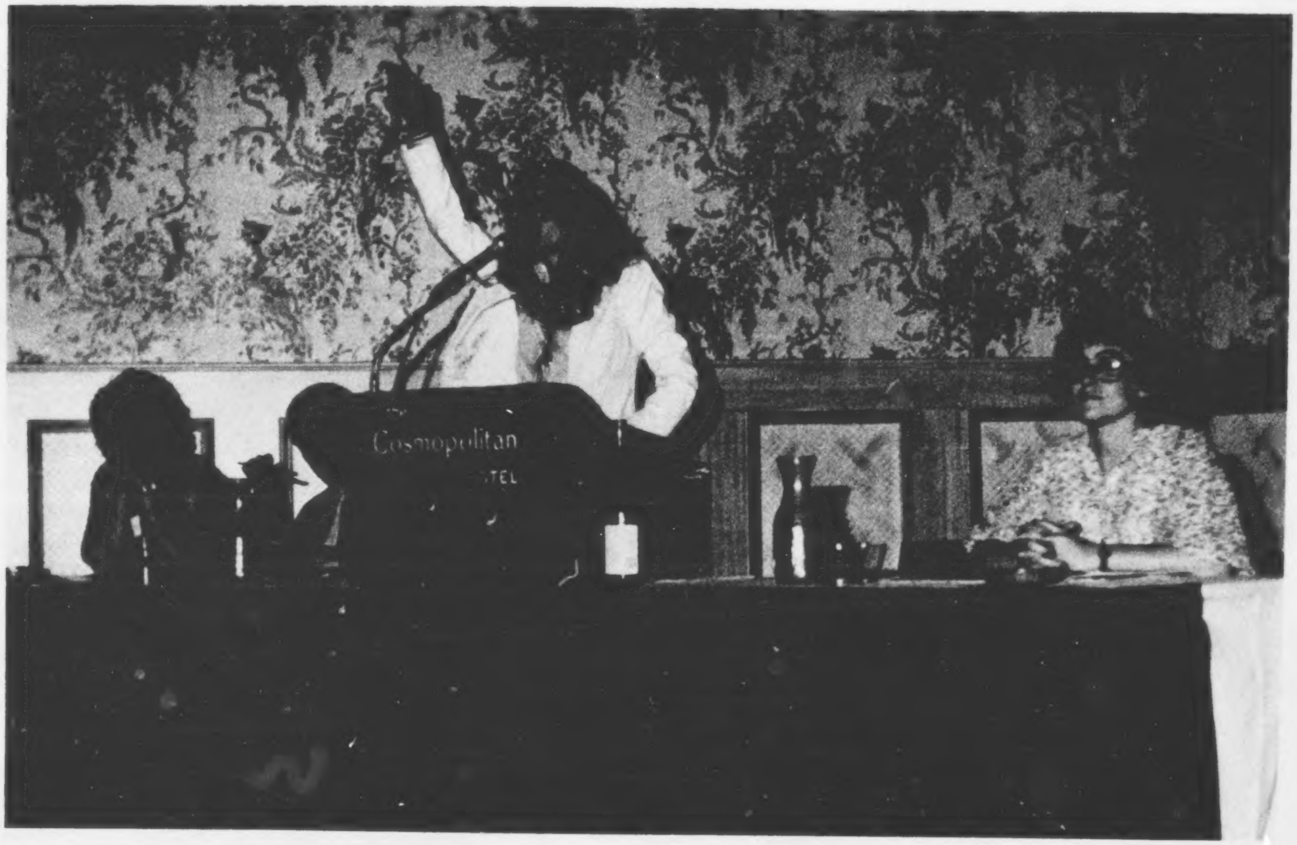
We must also begin to struggle with the concept of prevention. I believe that the concept has been badly distorted. Our society operates on the basis of rewarding the disability and illness industries. I believe that we must work for a different concept of prevention, one that is based on "wellness". We need programs that provide "wellness" including nutrition, safe and human environments, full employment, creative community and work experiences, national health service, quality infant/maternal and child development and protection systems.

In the coming years we must strengthen our political muscle. We will be facing critical fights at the state and national levels. The American Public Transit Association and bus manufacturers, for example, are seeking to undermine our right to accessible public transportation by claiming that it is not cost-effective to equip buses with lifts or ramps. We know this is nonsense, but we will have to make sure that we tell the public.

We have made remarkable progress in terms of political development and sophistication. We cannot, however, be complacent. We must work out the differences which still separate disability groups. We need not give up our own special interests when we work together in common causes. We must make sure that our organizations respond to the needs of their members. We have to continue to build coalitions.

But most importantly, we need your commitment and leadership in the future.

Student Advocacy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TAKING CHARGE: ASSERTIVE BEHAVIOR AND LEADERSHIP SKILLS FOR DISABLED COLLEGE STUDENTS

Jan Huss, Iowa State University
Douglas Reynolds, Iowa Department of Public Instruction

ABSTRACT

Assertiveness and leadership abilities are an important developmental need of all college students. For the disabled student, who may have been in a more sheltered or protected environment, assertiveness skills and leadership behaviors are important to the "empowerment" of each invidual as they strive for greater independence. The college experience, by providing training in this area, can facilitate this empowering process.

Premise: Positive self-esteem or a health self-concept is the key to success in our society. A positive attitude toward self and others begins at birth and given a positively oriented environment continues until death. Building and maintaining self-esteem is a never ending and vital process.

Generally, those individuals who have academic, athletic, or artistic abilities which are viewed as being above average receive substantial recognition and acceptance from other people. This recognition provides incentive for people to work harder to better such abilities as well as enhances ones self-esteem or self-confidence. As one's self-esteem or self-confidence increases, one becomes more self-reliant or less dependent on others for support or reinforcement.

The behaviors associated with self-reliance or self-sufficiency provide a person with the momentum and assurance conducive to continued personal growth. A person who is self-sufficient is more likely to:

- accept responsibility
- take risks
- set realistic goals
- make objective decisions, and
- command the respect of others

self-sufficiency is, in essence the foundation of success.

Position: Given the previous premise, it is not difficult to envision the obstacles which a handicapped person often experiences while working toward greater self-sufficiency. It is not uncommon that most handicapped individuals have been subjected to a highly protective environment. In such an environment the handicapped person is:

1. recognized for inabilities rather than abilities;
2. approached with cautious regard;
3. afforded few opportunities to develop leadership skills;
4. included in activities but with limited expectations;
5. or encouraged to become involved only if activities will result in success.

The handicap rather than the person generally receives the attention.

The handicapped individual who elects to attend a post-secondary educational institution has often been a resident of a protective environment. Such protection has resulted in the absence of some very important emotional/psychological developmental activities. Normally these activities provide the basis for a healthy self-esteem as well as leadership and assertiveness skill development.

The post-secondary educational institution which receives handicapped students must recognize that academic growth alone will not establish this student as a self-sufficient or independent persons. Colleges or universities normally purport to assist students in becoming more knowledgeable or sometimes even employable. Such institutions have a responsibility to not only provide academic activities but also to offer handicapped students the opportunities to become more aware of self; to experiment with leadership skills and styles; and to develop assertive behaviors.

ASSERTIVENESS

After the students have worked on self awareness activities and have spent time developing a positive self-concept, it becomes appropriate to move on to skill development in the area of assertiveness and leadership. Assertive behavior becomes important for all students but for the disabled students it allows them to 1) overcome the "do for" attitude prevalent in our society; 2) facilitates the developmental process to overcome role stereotyping perpetuated by our society; 3) it empowers the student with the skills necessary for effective independence; 4) it allows the student to experience success with taking charge of their own life and contributes to the sense of self-confidence and positive self-concept; and 5) results in closer and more emotionally satisfying relationships with others.

In order to work with students on assertive behaviors, it is important to differentiate between behaviors that are assertive, non-assertive, and aggressive, and encompass both verbal and non-verbal behaviors. Verbal assertive behavior has the following ingredients:

1. verbally standing up for personal rights
2. expressing thoughts, feelings, and beliefs in a direct, honest, and appropriate way
3. verbally showing respect for self and others
4. communicating effectively and honestly--giving and getting respect, asking for fair play, and leaving room for compromising except when personal integrity is at stake

Non-verbally assertive behavior displays congruence with the verbal message and support strengthens and emphasizes what is being said. It is characterized by:

1. the voice being appropriately loud to the situation
2. eye contact that is firm but not a staredown
3. body gestures which denote strength
4. a speech pattern which is expressive, clear, and emphasizes key words

On the other hand, non-assertive, non-verbal behavior is characterized by:

1. evasize eye contact
2. body gestures such as handwringing, hunching shoulders, covering the mouth with hand, or nervous gestures which distract the listener and wooden body posture
3. inappropriate voice tone (usually too soft)
4. hesitant speech pattern
5. inappropriate/non-congruent facial gestures
6. generally conveying a message of weakness, anxiety, pleading, or self-effacement, which is being used to soften the impact of the verbal message

The ingredients of verbal, non-assertiveness are:

1. a failure to express honest feelings, thoughts, and beliefs
2. permitting others to violate one's self
3. expressing self in a manner that others can easily disregard what you are saying
4. giving a message of "I don't count," "You can take advantage of me," "My feelings don't matter," "My thoughts aren't important," and "I'm nothing--you're superior"
5. a lack of respect for one's own needs
6. disrespect for others capabilities to handle problems, disappointments, and feelings

Aggressive, verbal behaviors are characterized by:

1. standing up for one's self and expressing thoughts in a way that are often dishonest, usually inappropriate, and always violating the rights of other persons
2. the goal of this type of behavior is domination and winning--forcing the other person to lose
3. winning is assured by humiliating, degrading, belittling, or overpowering other people

Aggressive behavior, non-verbally is usually very demeaning to the other person. Such non-verbals are:

1. eye contact which is a staredown
2. a voice tone inappropriate to the situation, usually sarcastic or condescending
3. parental body gestures such as excessive finger-pointing

When you engage in aggressive behavior usually your feelings are those of a righteous superior and depreciatory at the time with possible guilt feelings later. The person to whom you are having the interaction is usually feeling very hurt and humiliated and the other person's feelings about you are usually very angry and vengeful (the "I'll get you back" syndrome).

When utilizing non-assertive behavior, the person engaging in the non-assertion usually is feeling very hurt or anxious at the time and possibly very angry later on. The person with whom the non-assertive person is having the interaction is probably feeling guilty or superior and is usually feeling pity, irritation, or disgust at the non-assertive person.

However, while engaging in assertive behavior the assertive person is feeling confident and has respect for themselves both at the time and later on. The person to whom the assertive person is speaking usually feels valued and respected and usually feels general respect for the person who's being assertive.

Since the goal in working with handicapped students is to work towards empowerment of the disabled student in dealing with their environment and personal interactions, it is important that they understand the difference between assertive, non-assertive, and aggressive behavior and become as assertive as possible. The problem of developing compensatory skills with the disabled student becomes very important at the time when teaching assertiveness. Since some of the disabling conditions affect such things as eye contact, body posture, gesturing, facial expressions, fluency, and expression of the verbal communication, it is necessary to work with disabled students to compensate for behaviors which may be mistaken for aggressive and/or non-assertive behaviors so that they are perceived as assertive in their interactions. Some of the compensatory behaviors that may be necessary to discuss with handicapped students are:

Assertive Behaviors

Behavior	Compensatory Behavior
eye contact	place body so that is it attentive to the person speaking; rely heavily on body language and appropriate voice intonation
body posture	concentrate on tone of voice, eye contact and fluency
gestures	work on and depend upon voice intonation and fluency
facial expressions	utilize appropriate gesturing when possible; concentrate on voice intonation and eye contact
voice tone, inflection, volume	work on appropriate choice of words, body language, gesturing, and eye contact

fluency	work on gesturing, eye contact, choice of words, and intonation
monitoring action/taking responsibility for one's actions	this is not affected by disability. All persons can learn when it is appropriate to deal with the situation and monitor contact of the interaction

LEADERSHIP

As disabled students continue their developmental growth through assertiveness training, the chances become greater that these students will desire and be chosen as leaders in the various groups to which they belong.

What is leadership? Basically, there are four theories of leadership. Far back in philosophical thought the leader was felt to be someone who had unique inborn leadership traits. This is the "trait" theory of leadership. This theory implies that leaders are born, not trained and therefore, leaders are found and not made. Since this theory has not been substantiated by its research, perhaps the safest conclusion to make from the trait's study is that people who are highly motivated, have the energy, drive, self-confidence, and determination to succeed, will become leaders because they work hard to get leadership positions.

A second theory is called the "position" theory. Persons in high authority positions within organizations may be termed the leader. Leadership within organizations begins with the formal role system (president, vice president, manager, supervisor, foreman, worker) which among other things, defines the authority hierarchy. The problem with the position approach to leadership theory is that it is unclear how certain individuals are placed in the high authority positions. All their behavior is certainly not leadership behavior and other group members besides the designated leader will influence the behavior of group members.

A third theory is the "style" theory of leadership. This theory is based upon an experiment by Luen, Lippet, and White (1939) in which three leadership styles were examined: democratic, autocratic, and laissez-faire.

These three leadership styles are defined as follows:

1. democratic--policies are set through group discussion; decisions are made with the designated leader encouraging and helping the group interact.
2. autocratic--leader determines policies and gives orders to group members.
3. laissez-faire--very little participation by leader.

Most of the research indicates that the democratic style is the most effective, but that there is evidence that supports different styles as being affective under different conditions even within the same group.

The fourth theory of leadership and one upon which our model training program is built is called the "disturbed functions" theory. In this theory, leadership is defined as the performance of acts that help the group reach its goals, maintain itself in good working order, and adapt to changes in the environment. These acts are the group functions which include setting goals, helping the group proceed toward these goals, and providing the necessary resources needed to accomplish the goals. Other functions not directly related to achieving the goal of the group, such as improving the stability of the group and making sure that individual members are satisfied, are also part of leadership behaviors.

There are two basic ideas to the theory of functional leadership. They are:

1. Any member of the group may become a leader by taking action that serves group function.

2. Any leadership function may be fulfilled by different members performing a variety of relevant behaviors.

Leadership, therefore, is specific to a particular group in a particular situation. The functional approach to leadership assumes that leadership is a learned set of skills that anyone with certain minimal requirements can acquire. From this theoretical point of view, responsible membership is the same thing as responsible leadership. Effective group membership/leadership depend upon flexible behavior, the ability to diagnose what behaviors are needed at particular times for the group to function most efficiently and the ability to fulfill these behaviors or to get other members to fulfill them.

An integral part of the functional theory of group leadership is the necessity for the behaviors that fulfill group functions to be distributed among the group members. The advantages to the distributed functions are:

1. greater chance that all relevant expertise and resources in the group will surface and be used;
2. all members will feel that they share equally in opportunities for influencing the direction of the group effort; and
3. the interpersonal climate within the group will not be dominated by just a few people.

What are the different behaviors/functions that are necessary to be distributed within the effective group? The first set of behaviors can be described as task functions. These are the functions that are necessary in order for the group to set goals and move towards task completion. Johnson and Johnson (1975) describe 10 roles in the task functions category:

INFORMATION AND OPINION GIVER:	offers facts, opinions, ideas, suggestions, and relevant information to help group discussion
INFORMATION AND OPINION SEEKER:	asks for facts, information, opinions, ideas, and feelings from other members to help group discussion
STARTER:	proposes goals and tasks to initiate action within the group
DIRECTION GIVER:	develops plans on how to proceed and focuses attention on the task to be completed
SUMMARIZER:	pulls together related ideas and suggestions and restates and summarizes major points discussed
COORDINATOR:	shows relationships among various ideas by pulling them together and harmonizes activities of various subgroups and members
DIAGNOSER:	figures out sources of difficulty that the group has in working effectively and the blocks to progress in accomplishing the group's goals
ENERGIZER:	stimulates a higher quality of work from the group
REALITY TESTER:	examines the practicality and workability of ideas, evaluates alternative solutions, and applies them to real situations to see how they will work
EVALUATOR:	compares group decisions and accomplishments with group standards and goals

The role functions that members take in order to maintain the group in good working order and to help the group adapt to changes in the environment are maintenance functions. Johnson and Johnson described 10 roles that group members may take to maintain the group:

ENCOURAGER OF PARTICIPATION:	warmly encourages everyone to participate, giving recognition for contributions, demonstrating acceptance and openness to ideas of others, is friendly and responsive to group members
HARMONIZER AND COMPROMISER:	persuades members to analyze constructively their differences and opinions, searches for common elements and conflicts, and tries to reconcile disagreements
TENSION RELIEVER:	eases tensions and increases the enjoyment of group members by joking, suggesting breaks, and proposes fun approaches to group works
COMMUNICATION HELPER:	shows good communication skills and makes sure that each group member understands what other members are saying
EVALUATION OF EMOTIONAL CLIMATE:	asks members how they feel about the way in which the group is working and about each other, and shares own feelings about both
PROCESS OBSERVER:	watches the process by which the group is working and uses the observations to help examine group effectiveness
STANDARD SETTER:	expresses group standards and goals to make members aware of the direction of the work and the progress being made towards the goal and to get open acceptance of group norms and procedures
ACTIVE LISTENER:	listens and serves as an interested audience for other members, is receptive to others' ideas, goes along with the group's when not in disagreement
TRUST BUILDER:	accepts and supports openness of other group members, reinforcing risk-taking and encouraging individuality
INTERPERSONAL PROBLEM-SOLVER:	promotes open discussion of conflicts between group members in order to resolve conflicts and increase group togetherness

There is a third category of behaviors that members of the group can exhibit. These behaviors tend to impede the progress of the group either in achieving its goal or in maintaining an effective group. These are self-oriented behaviors and the six roles are:

BLOCKING:	sighting personal experiences unrelated to the group problem, arguing a point the rest of the group has resolved, rejecting ideas without consideration.
AGGRESSION:	criticizing others, showing hostility toward the group or some individual, deflating the ego or status of others

SEEKING RECOGNITION:	excessive talking, extreme ideas, boasting
SPECIAL PLEADING:	introducing or supporting ideas related to one's own pet concerns and philosophies beyond reason
WITHDRAWING:	being indifferent or passive, excessive formality, doodling, whispering to others
DOMINATING:	trying to assert authority in manipulating the group, interrupting contributions of others, giving directions authoritatively.

As we discussed earlier, an effective group has group members who, when necessary, take a leadership stance but who may not be the designated leader of a particular group. As handicapped students gain self-confidence, a more positive self-image, and learn the dynamics that make an effective group work, they will become more interested in being designated leaders within the different kinds of groups to which they belong. There are some skills that students learn which help them be effective group members and designated leaders.

The first, of course, is behaving assertively. The importance of assertive behavior and how the continued practice of assertiveness brings greater self-respect and respect from others has already been discussed. Other skills which are necessary are:

A. Communication skills
   1. "active" listening
   2. "owning" the message
   3. giving and receiving feedback to clarify the message
   4. giving congruent messages (verbal and non-verbal congruency)

B. Time management skills
   1. evaluation of how they are using time
   2. evaluating priorities in the use of time
   3. scheduling and making the best use of their time

C. Decision-making
   1. identifying the problem
   2. identifying alternatives to a problem
   3. evaluating the different alternatives as to resources (both people and material)
   4. choosing an appropriate alternative
   5. evaluating the appropriateness of the decision

D. Goal-setting and evaluations
   1. setting goals which are realistic and measurable
   2. diagnosing the group as to the method appropriate for setting goals (i.e. designated leader to group, committee back to group for approval, or entire group involved in the goal setting)
   3. setting an evaluation model appropriate to the organization
   4. diagnosing and/or facilitating the group values within the particular organization

E. Controlling behaviors
   1. understanding the dynamics that are taking place within the group
   2. dealing with each of these behaviors

F. Facilitation skills
   1. understanding of the group dynamics
   2. encouraging distribution of the maintenance and task functions within the group

G. Conflict resolution
   1. problem identifications
   2. identifying the strategies available to solve the problems
   3. facilitating the process so it does not generate into a win/lose situation for the different factions in the group

While the above skills have been roughly outlined for you, programming to provide an opportunity for students to understand and practice these various skills is an important part of developing leadership. To develop these leadership skills for handicapped students, we offer the following model program.

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Alberti, Robert E. and Emmons, Michael L., *Stand Up, Speak Out, Talk Back!*, Impact, San Luis Obispo, California, 1975.

Johnson, David W. and Johnson, Frank P., *Joining Together*, Prentice-Hall, Inc., Englewood, New Jersey, 1975.

Lange, Arthur J. and Jakubowski, Patricia, *Responsible Assertive Behavior*, Research Press, Champaign, Illinois, 1976.

MODEL TRAINING PROGRAM

Group Size: 10-12 people maximum.
Length of program: 30 contact hours (15, two-hour sessions).
Format: positively orient personal growth discussion or action oriented activities.

Session I--
Introduction--

Expectations held by facilitator and participants	20 minutes
Personality Inventory implementation and scoring	30 minutes
Interpretation - inventory interpretation	30 minutes

Session II--

Self-disclosure focusing on self-actualizing behaviors or experiences which have resulted in positive outcomes (3-5 minutes per participant)	90 minutes
Empathic recall each participant responds to what other participants have shared.	30 minutes

Session III--

Values - clarification of what is important in each participant's life.	40 minutes
Values auction List of values items (categories) are assigned monetary value and are auctioned off.	30 minutes
Values and Decisions Review activities of past week and month. Identify what values were reinforced.	30 minutes

Session IV--

Decision-making - present, past and future	30 minutes
How-to's of Decision-making	30 minutes
Clear goals - successful outcomes participants identify goals	60 minutes

Session V--

Goals Transition - goals for personal change Why-change: What-change	60 minutes
Setting short range (personal)goals - participants set goal for week.	30 minutes
How to accomplish/how to measure	30 minutes

Session VI--

Personal Growth Systems Support groups - what values Techniques for assessing personal goals.	60 minutes
Personal Success - Rewarded Systems How to reinforce self and others How to determine new goals	60 minutes

Session VII--

Self-actualizing Behaviors Awareness and Understanding of Self-Sufficiency	60 minutes
How to Implement Behaviors Recognition and Reinforcement	60 minutes

Session VIII--

Assertive Behaviors Assertive-vs-Aggressive Behaviors Rights Freedoms Responsibilities Communication Verbal and Non-verbal	120 minutes

Session IX--

Compensatory Behaviors Awareness and Training	120 minutes

Session X

Leadership Behaviors Groups Theories Studies Skills	120 minutes

Session XI

Leadership - Managing Group Behaviors Confrontation Reinforcement Reward	120 minutes

Session XII

Group Communications Skills Active Listening Feedback	60 minutes
Group Decision-making Values Goals Consensus	60 minutes

Session XIII--

Evaluating Group Effectiveness	90 minutes
Techniques for Evaluation	
Group	
Personal - leaders role	
Futuristic Planning	60 minutes

RECRUITMENT AND RETENTION OF INTEREST FOR A DISABLED STUDENT ORGANIZATION

Tony Serra, SUNY/AB

ABSTRACT

First, let me state that the following is by no means a definitive set of reasons or methods on why or how a student becomes involved in a disabled student organization, nor is it a clinical study with appropriate documentation. It is, however, some of my observations and experiences of what has worked for me at the colleges I've attended.

It is my belief that when a student with a disability starts college they face numerous problems and decisions. Not only do they have to make career and occupational choices, they have to make choices and take risks in the process called socialization.

The disabled student has two sets of adjustments they must go through. The first being that every new student encounters, along with the unique adjustment of the disability in the college environment.

The student's (with the disability) acceptance by their peers and the University will in large part depend on the choices made and risks taken. The student will present a self concept which will be the basis by which s/he will be related to.

If the student strives for independence and believes in themselves enough to work for it, then the people around them will respond in a manor which will help them become as independent as possible. The only limits being those the student places on themselves.

In order to make these adjustments less stressful and more complete and facilitate the transition into the university scene, the students personal involvement is necessary.

This is where the "group" (disabled student organization) fits into the picture. The group can make this transition into the university scene more meaningful and easier.

Contact with the group can be accomplished a number of different ways, i.e. from referral from the Handicapped Services Offices, word of mouth, other students, faculty, and direct recruitment by the group. After this contact the group must convince the student that:

A) The group is needed. That is, it will provide a use or service not already available and the absense of which will have a marked, negative consequence on campus.

B) The group can help them. They will be able to derive a direct benefit or receive a much needed service from the group, that they will be able to feel its effect.

C) They can help the group be more effective. They, the students, can contribute. They can make the difference between failure and success of the group.

D) Most importantly, the group needs the student. The group's very existence depends on the student, without whom the group cannot function and will cease to exist.

The following are some of the processes I have had experience with to best achieve involvement in the group by disabled students.

- Educate the disabled on just what their rights are as a disabled person and as a disabled student in particular. Educate them on their responsibilities as a student.
- Demonstrate that action gets reaction--to obtain rights and get needs met of the disabled student.
- Volunteer student for committments to force a decision on involvement.
- When student with a disability gets help from the group and realizes its importantce, they will want to help others.
- Get the disabled student involved in the college scene by getting them involved in other student organizations and activities.
- Deal with the differences between traumatic vs. congenital disabilities.
- Develop support group.
- Show the difference between nonhandicapped students and the need for the diabled student to participate in order to understand and be understood.
- Get disabled student involved in the national movement.
- Teach how to lead and organize to perpetuate the organization.

- To best achieve this involvement by the student, the group must first educate the student on their rights as a disabled person along with their rights as a disabled student. It has been my experience that most students lack this information. When the student begins to understand the responsibility of the educational institution he will begin to know what accomodations the university will make for him. Here, too, the student beins to realize that the group has already helped him. They will understand that the group has provided something solid--this is when the process of involvement starts. They know they have some place to turn to for help, some place made up of their peers. I also find, from my own experience and that of other students I've worked with, that it is also necessary to educate the student on their responsibilities as a student. Responsibility does not rest selely on the university and the sooner the student realizes this the better. I call this "growing up" or owning you own problems and feeling so they can be effectively dealt with.

After the group gets the student's attention, it must demonstrate that action taken will get a reaction. If a student is having difficulty in acquisition of needed services and the group initiates an action and intervenes, it will cause a reaction by the party denying the service. If the group acts to lift the awareness of the other students by some campus event it will get a reaction from the students. The demonstration will give a relevance to the group, that the group can have a impact on their environment.

When a adequate level of interest in the group is reached, the group must take steps to secure the involvement by the student. Once in the group situation the group must utilize peer pressure and volunteer the student for a number of activities in the group. This "push" for a committment will force a decision on involvement in the group. It has been my observation that new students are frightened and unsure of themselves and find it very difficult to refuse. Many of the students I've worked with in this way have expressed "if you hadn't have forced me I probably would not have done it," or "I was too shy to volunteer." I don't know if the end justifies the means, but I do know once you get the student involved in the group you got 'em.

During the student's involvement with the group, they are going to get help from the group in many different ways. When the student acknowledges this help and understands its implications and importance, the student will want to help other benefit in the same way. This "sharing of the wealth" is a prime motivator, I have witnessed the value and importance of the help the group provides and it makes me want to keep on working to keep the group going.

To enhance the learning process and the growth that takes place during a college education, the disabled student must take full advantage of and participate in the college experience. When the student participates, two processes will occur. The first being that the student will learn and grow because of a better understanding of the T.A.B. (Temporarily Able-Bodied) student. They will learn why the non-disabled have misconceptions and fears about disability, and that the non-disabled have many of the same fears and problems they have. The second process will be the non-disabled sector experiencing a person with a disabled. The "normal" student will realize there is not much of a difference between "us" and "them" and the "Hey! You're O.K."

The group, to effectively understand its disabled members, must consider the difference between a person who has become disabled by a traumatic illness or injury and the person with a congenital disability.

Person who have been disabled from birth or at important developmental stages usually need more encouragement and support.

In either case, the group must provide support to allow the time and encouragement that is necessary for the disabled student to become independent. In this area the group should utilize the role modeling of the older members who are making it. Role modeling can and will compensate for the problems encountered by the disabled student during important developmental stages. I feel that this role model effect is very important because few disabled people have them in their growing environment. For example, I was the only disabled person in my family and the only visible disabled person in my neighborhood. I had to find a role model I could relate to, which was not an easy task.

The last concern I would like to discuss is the need to perpetuate the organization. Careful consideration must be given on how to best achieve this because older students graduate, and there will forever be new students.

I found through my experience that you can teach the newer, inexperienced student leadership skills and keep the group organized. Certain students will become more involved; these are the students who will want to perpetuate the organization. Once these students become involved in the national movement of rights for the disabled through the organization, they will acquire the leadership skills and confidence to carry on.

PEOPLE MAKE A SUCCESS FORMULA

Colleen Marie McCarthy, SUNY/AB

ABSTRACT

I've been asked why I became so involved in the rights of the disabled on several occasions, and I suppose the easiest explanation would be this.

I came back to college in the fall of '78 at the ripe old age of 31, and as if that wasn't enough, I also came back as a disabled student. These were two criteria that provided me with an excuse to attend the first meeting of a coalition of students whose objectives I'd been told were to provide support and advise to other disabled students like themselves.

I remember that night as if it was yesterday, the meeting began at 8 p.m. and my last class was out at 4 p.m. That meant I had 4 hours to kill sitting around campus. I couldn't kill time at the library because I was blind and besides I didn't even know where the library was located. I had problems enough just finding my way to and from three classes that went from one end of the campus to the other! To make matters worse, the cafeteria where I had planned on sitting and eating my dinner closed at 4. However, the Rathskeller was open, I was told they had food and drink downstairs. Terrified, I found my way to the Rat and then managed to locate the food line. Having been helped to a table by someone, I sat alone and frightened. It must have showed because suddenly a warm friendly voice asked if I was there for the Independents meeting. I replied with an emphatic "yes," and that was the beginning of what looked like what would be a long and rewarding involvement with some very wonderful people.

Perhaps the key to the success of the Independents lies in the fact that we were fortunate enough to have Bertha Cutcher and Arthur Burke from the Office of Services to the Handicapped (OSH) as our staunchest supporters.

My involvement with OSH became intensified to an almost daily one by October 15th of '78. I had tried to find a solution to my problems with the Chemistry department by myself since August when I had registered through OSH for the 101 course. However, after awhile even a pigheaded Irishman knows when it's time to bring in the reinforcements. So I asked Bertha to set up a meeting with the head of the department and his staff. She went me one better when she sought out a blind PhD Chemist and brought him in as our consultant for the October 29th meeting.

Things, however, continued to go poorly--seems there was more than just the Chemistry department involved. Environmental Safety, Maintainence, and Lord knows how many other departments were playing "pass the buck" with me. I became frustrated to the point of tears on an October afternoon after attending my Chemistry Recitation class and being told by an empathetic instructor that it was going to be impossible. He explained that they didn't want me as a student in the department because it had never been done before. He explained that he had been told to make no special allowances and was advised to return to the more conventional (written) techniques with less verbal explanations. I'd had it.

Angrily I called President Ketter's office. I explained my situation to the receptionist and in that explanation informed her that I expected a return phone call that same day.

Upon arriving home my ten-year-old told me that a Dr. Ron Stein had been calling every fifteen minutes--please call him back. I did and made an appointment to talk with him the next day in his office.

After checking my watch I realized it was late, but I should let someone at OSH know what I had just done. Up until now I had talked things over with them before I did anything. As I was calling I was hoping that they wouldn't be too upset over what I had done. I'm not too sure who answered when I called, but they got the message that I would be in at 8 a.m. to explain further.

Bertha and Art talked to me and Bertha assured me that I had every right to demand what I did and that she'd stand 100% behind me. All she asked for was an immediate report after I was finished with the meeting.

I agreed and asked her to prepare a list of every department head who could be needed for a decision because I was tired of "pass the buck" and ready for a game of "hot potato."

My meeting with Dr. Stein ran from polite conversation about my predicament to an accusation that I'd "been planted there to make an example of this University." My reply was "Bullshit!--I chose you because you suited my needs--I could commute by myself--schedule classes so as to minimize my time away from my two children and that Chemistry 101 just happened to be a prerequisite that could keep me from obtaining admission into the Physical Therapy department." I informed him that I had the same right as any other 101 student--the right to fail--and since I had no intention of failing I wanted to take my best shot at it free from undo harrassment. I also informed him that I expected him to be at the October 29th meeting and he consented.

I went back to the Main Street campus and gave Bertha a detailed report. During these times she provided all the assistance and support anyone could have asked for.

Bertha's involvement with her students transcends the role of advisor and advocate, it goes deeper than friendship, and involves more than simple caring. I came to realize that Bertha meant more than any of the above to more than just myself. When Art asked me to stop calling him Mr. Burke, I found that request easy to comply with. However, there was no way I could feel comfortable calling Mrs. Cutcher anything other than by her formal name. Boy was I to be proven wrong!! Shortly after becoming involved as Secretary for the Independents, my contact with Mrs. C. increased considerably. One thing led to another and soon between the organizational questions I had and the problems I was having with the Chemistry department, I became so involved on a personal level that it was I who felt the need to ask if I could call her by her first name. Never in my life had I felt such awe and admiration for anyone. Bertha also has an uncanny knack for knowing instinctively when to call and say, "Hello, how are thing going?" Usually things were in a state of chaos, and Mother Cutcher was there to listen, hold your hand or give you that desperately needed pep talk that would put everything back into perspective once more. Mother Cutcher came to be my closest confidant and friend. Bertha also was and is the life-line for our organization.

Bertha would send out our newsletters whenever she did mailings to her clients. She encouraged them to identify themselves to us and to become advocates on their own behalf. One thing led to another after the more aggressive of our organization got together, and suddenly disabled students were campaigning for Senate seats in the Student government in the University of Buffalo along side able-bodied candidates. Imagine the tremendous feeling of confidence and self esteem that surged through these students when they won election by an overwhelming plurality!!!

Mother Cutcher was the person whose words of encouragement helped overcome the apprehension and lack of confidence they felt. Now the Independents and the University will be the recipients of the benefits because for the first time in their lives, disabled students have proven to themselves and others that being actively involved does make a difference. Temporarily Able-Bodied Students too realize that we who are physically handicapped are valuable sources of energy, ideas, and can provide healthy input for mutual problem solving.

Perhaps the main point of this paper is to tell you, the professional provider of services to the handicapped, that it takes more than the knowledge of how it should be, in order to change the way it is.

You cannot provide services for us, but rather you must provide a means for us to create change ourselves. Only when a student's own goals and objectives can be readily identified by himself, and then channeled into the right forum, will there be a real change within society.

Handicapped students must combine their efforts. No longer can the disabled community continue to divide itself. Unless you, the professional, give us the extra encouragement we so often need, nothing will be accomplished by either of us.

Bertha gave something that was and is distinctively special. She gave of herself and continues to do so. I feel that I must also agree that the disabled students who have taken their strength from her have also given their strength back to her. Love, loyality and hard work is what they offer in exchange. And on thing is for damn sure...

Where ever we go, whatever we do, and whatever we become, we will be forever a part of Bertha, and she will forever be a part of us. There's just no room for anything by success in this formula.

THE DISABLED STUDENT AS ADVOCATE

Lynn M. Smith, San Francisco State University

THE DISABLED STUDENT AS ADVOCATE

San Francisco State University probably has one of the most famous (infamous?) disabled student advocacy groups in recent history. In July 1975, the SFSU Disabled Students' Union (DSU), in cooperation with the California Association of the Physically Handicapped (CAPH) filed suit against the University and the State University System for building a Student Union with two inaccessible "towers." The suit was based on the August 12, 1968 Federal Public Law 90-480 which was passed, "To insure that certain buildings financed with Federal funds are so designed and constructed as to be accessible to the physically handicapped," and a 1968 California law which provided, " . . . that all buildings . . . constructed in this state by the use of state, county, or municipal funds . . . shall be accessible to and useable by the physically handicapped" (CGC 1968, Ch. 261, p. 573, Sec. 1).

The action was, of course, immediately picked up by the various news media. Headlines on various local newspapers read: "DISABLED STUDENTS SUE FOR ACCESS TO BUILDING," "HANDICAPPED: 'PUSHY' NEW POLITICAL FORCE--SUIT ON INACCESSIBILITY OF LOUNGES IN BUILDING SYMBOLIZES MILITANCY," and, "DISABLED STUDENTS SUE STATE." People became very much aware of this thing called, "accessibility." Although the judge, who finally heard the case last summer (1979), only recently made a decision, the DSU action focused the attention of the community (especially the University community) upon an issue that could no longer be overlooked. Incidentally, it is not suggested that student groups sue their various universities as the only means of bringing issues into focus. What is suggested is that a group of students with a commitment can make a big difference in the response of the university community. The SFSU campus community has been very aware of the issues and quite responsive partly as a result of the DSU action, so even though the judge ruled against the DSU, the students' action was not "in vain."

This same group of students had been providing services for other disabled students such as priority registration and classroom rescheduling. In the Spring of 1975, with the cooperation of an involved faculty advisor, an Innovation and Expansion grant proposal was submitted to the San Francisco District Office of the Department of Rehabilitation to establish a Disabled Student Service Center so the students could rely on a full-time staff member to coordinate services. The grant was awarded and in October of 1975 a Coordinator of Disabled Student Services (DSS) was hired and a full-time program started.

In the California State University and Colleges (CSUC) system there are 19 schools. Students from these schools formed a Disabled Students' Coalition in 1974 (see an excerpt from the Constitution at the end of this article). The Coalition was successful in getting the system to establish a list of priorities for architectural barrier removal. It got a policy established stating that on every new or remodeling construction project in the system, the disabled students on each campus had to review preliminary and final drawings and "sign off" that the plans were acceptable. Finally, in 1976 (in cooperation with a small group of service coordinators and a faculty advisor), the Coalition was successful in getting the State Legislature to fund programs for disabled student services on all 19 campuses.

With all of these accomplishments and with students graduating and moving on, the SFSU Disabled Students' Union and the CSUC Disabled Students' Coalition have had their "ups and downs" in the past few years. With the establishment of programs in student services and the employment of staffs whose responsibility it is to manage services for students with disabilities and to serve as advocates, student organizations have sometimes been at a loss for causes. Student organizations are still needed; however, and we have three of them at SFSU--the previously mentioned DSU, the Concerned Blind Students' Association (CBSA), and the SFSU Wheelchair Sports Program founded by students in the Fall of 1979 (see sample "Statements of Purpose" and constitutions at the end of the article).

These three organizations are "active" when necessary. It is important that the staff of services for students with disabilities maintain good ties with the leaders of student groups. At SFSU we write this expectation into our #1 goal: "To provide, in cooperation with recognized campus organizations of students with disabilities, a coordinated program of services." For example, student organizations have been supportive of DSS attempts to get funding through the Associated Students (SFSU's general student governing body) for electric doors, golf shuttle carts, etc. DSS has been supportive of disabled student needs for funds for travel to conferences, wheelchair games, and to purchase supplies and equipment for organizational purposes. DSS regularly assists the CBSA in duplicating Braille and large print meeting minutes and in sending out meeting announcements.

Our deaf and hard-of-hearing students have expressed some interest in forming a group. It's recommended that interpreters and notetakers be included in such a group. To date, this group has not "jelled." This seems to be due to a lack of leadership, difficulty in establishing (or discovering) a common purpose, and to the communication difficulties found in a mixed group of hearing, hard-of-hearing, deaf, oral, & manual folks.

Directors and coordinators of services for students with disabilities have a responsibility, it seems, to help student organizations find interested faculty advisors, to attend meetings (if invited), and to suggest areas of need that can best be met by disabled student groups. For example, our Disabled Students' Union sponsored some "Welcome Meetings" for new disabled students on Orientation Day. DSS helped contact the new students and DSU members met with them (see letter at the end of the article).

Some things that can help students organize and stay together are: a "Statement of Purpose," a constitution, a logo, stationery, and membership cards. Establishing a regular meeting time on the same day & time of each week or month, in the same location is very important. A newsletter can help in this regard, although it's usually easier for DSS to manage mailing lists, duplicating, etc. Student organizations can be encouraged to include notices of meetings, events, and concerns in the DSS newsletter. Members of our DSU recently used the DSS newsletter to seek input on elevator malfunctions. It is a good example of the service office cooperating with a student organization for advocacy purposes.

Other areas in which student groups can be particularly helpful are in evaluating equipment needs, conducting access surveys, placing members on campus planning and advisory committees, sharing responsibility for "monitoring" campus services (e.g. parking enforcement), participating in staff and faculty development and awareness programs.

In closing, I'd like to encourage you all to do whatever you can to facilitate the organization of students. If you succeed, you will have a good group of advocates who can work with other students and with other campus offices to create awareness and access. At the same time, I suggest that if you are a member of the service staff, you maintain a "separateness" from the student organization. Cooperation is important but I have also found it is important to remember the differences--DSS is there to serve any eligible student with a disability; student organizations are there to basically meet the needs of their members. This is perhaps a subtle distinction but it is, at times, important. Student organizations also need to be able to evaluate Disabled Student Services. It will be much easier for them to "keep us honest" if we not only allow but encourage independence of organization.

ATTACHMENT I

DISABLED STUDENTS COALITION

A COMMITTEE REPRESENTING THE NEEDS AND INTERESTS OF PERCEPTUALLY AND PHYSICALLY HANDICAPPED STUDENTS WITHIN THE CALIFORNIA STATE UNIVERSITY AND COLLEGE SYSTEM

STATEMENT OF PURPOSE

We have come together to foster, promote and enable the physically and perceptually disabled to obtain their fair and equal shares of society's rewards for ability. This is to be accomplished by the active inclusion of the disabled into the educational, social, and employment processes. We desire to revitalize social goals, recognizing that disabilities are specific and need not constitute a handicap when the individual and society have been properly correlated and when architectural barriers have been eliminated. We desire that a reorganization and expansion of the disableds' weltanschauung create positive personal and social images that will enable the disabled to fully integrate as a recognized member of society.

ARTICLE I NAME

The name of this organization shall be the DISABLED STUDENTS' COALITION; hereinafter referred to as the DSC.

ARTICLE II OBJECTIVES

A. To orient the administration and staff in the California State University and College system and the general public to the needs, rights and abilities of disabled students.

B. To establish and coordinate viable programs permitting the disabled student the fullest development of his/her potentials and independence.

C. To advocate, foster, promote constructive legislation insuring sound and equitable provisions for the disabled students in the State of California.

D. To foster, promote, support the development of the disabled student groups in all educational facilities and systems in the State of California.

E. To present factual data regarding disabled students in all testimony, correspondence before all boards, commissions, agencies, political sub-divisions within the State of California and the United States of America.

ARTICLE III CONTROL

A. The control of the DSC shall be vested in the Steering Committee in accordance with these by-laws.

B. The management of the DSC shall be exercised by the Executive Committee in accordance with the expressed desires of the Steering Committee and these by-laws.

ARTICLE IV MEMBERSHIP

A. Membership in the DSC shall be open to all persons without regard to race, creed, national origin, religion, sex, or disability.

B. The membership shall be of three categories:

1. Sponsor: A DSC recognized student organization representing disabled students on any one of the California State University and College (CSUC) campuses.
2. Individual: A student enrolled in the CSUC system and any other

recognized educational system.

3. Affiliate:

    a) Sponsor: may be recognized student organization representing disabled students on any recognized non-CSUC campus.

    b) Individual: any individual, group, organization, agency not specified above.

DISABLED STUDENTS' UNION
SAN FRANCISCO STATE UNIVERSITY
CONSTITUTION
May 16, 1972

ARTICLE I -- Name of the Organization

1. This organization shall be referred to as the Disabled Students Union, hereafter referred to as the DSU.

    a. "Disabled" includes all forms of physical and perceptual disability.

ARTICLE II -- Purpose of the Organization

1. The DSU is hereby constituted for the purpose of promoting and representing the interests of all disabled students, faculty, and staff at SFSU. In this society the level of discrimination in regard to disabled persons is so high and all pervasive that it is vital an organization such as DSU exist and function to its fullest capacity, in order to make SFSU less restrictive, more accessible and more responsive to the needs of disabled students, faculty, and staff.

2. Specifically, the DSU will endeavor to provide services to meet any and all needs of its members by:

    a. functioning as a liason between disabled students and all areas and departments of the college, administration, faculty, and on-campus housing.

    b. functioning as a liason between disabled students and the rest of the student body, creating an atmosphere conducive to the full inclusion of disabled students in every aspect of student government and activities.

    c. work on eliminating all architectural barriers from the existing physical plant of SFSU, as well as assisting in the planning of new campus facilities in order to insure that future construction will be free of elements restrictive to the physical mobility, safety, and comfort of disabled students, faculty, and staff.

    d. develop a program of orientation specifically geared to meet the individual problems and requirements of incoming disabled students-this will include establishing definite and well publicized procedures for class pre-registration, and making changes in the room assignments of classes difficult or impossible for disabled students to get to in the existing campus facilities.

    e. actively promote the hiring of disabled faculty and staff members in all departments of the college, and particularly in those academic departments relating directly to disabled persons and their life-styles -- i.e., Special Education, Rehab. Counseling, and Communicative Disorders (Interdisciplinary).

    f. meet and work with local city officials in different areas of public transportation, such as BART and the MUNI system.

    g. actively promote the development of disabled student organizations at City College, USF, and all other colleges and high schools in the San Francisco bay area. We will seek to establish liasons of support and encouragement with the disabled students programs already in existence at UC Berkeley and San Jose U; however the DSU will not affiliate with local, state, or national organizations which require its affiliates to support specific positions within the areas of economic, political, or social issues which contravene college policies.

h. provide for the implementation of any and all other services and programs the membership of the DSU shall deem necessary in order to enhance their active participation in the life of SFSU and the surrounding community.

3. The DSU shall adhere to the financial regulations of the Associated Students of San Francisco State University.

ARTICLE III -- Qualifications of Members

1. All disabled students shall be eligible for full voting membership in the DSU regardless of race, creed, religion, sex or political affiliation.

   a. prospective members may be requested to state and explain the nature of the physical condition which leads them to consider themselves "disabled."

2. Nondisabled students, faculty, and staff and disabled faculty and staff members may be admitted to Associate, non-voting membership in the DSU by a simple majority vote of the regular membership.

3. There shall be no scholarship requirements restricting eligibility for membership in the DSU.

ARTICLE IV -- Officers and Elections

1. The Executive Committee of the DSU shall consist of a Chairwoman (man), a Secretary, a Budget Coordinator, and two (2) Co-chairwomen (men), one representative of the perceptually disabled and the other representing the physically disabled components of the DSU. The Faculty Sponsor shall have a seat on the Executive Committee.

2. Duties of the Officers
   a. It shall be incumbent upon the members of the Executive Committee to file organization cards each semester in the office of the Associate Dean of Students, and the Committee shall be required to adhere to the financial policies of the Associated Students.

   b. The Chairwoman (man) shall preside over the meetings, and coordinate the efforts of any Standing, or special project committees the DSU membership may see fit to create.

   c. The Secretary shall be responsible for keeping the records and and handling all correspondance of the DSU.

   d. The Budget Coordinator shall be responsible for handling all the financial business of the DSU, and shall adhere to the financial requirements of the A.S. Business Office.

   e. The two Representative Co-chairwomen (men) shall assist the Chairwoman (man) in carrying out all her/his duties, particularly that of planning and coordinating special projects the DSU members may initiate.

3. Qualifications of Officers
   a. All officers shall be regular voting members of the DSU, in good academic standing with the University and shall maintain a minimum of 6.5 units during their terms of office.

4. Elections

a. Regular elections of officers shall take place within 60 days after the beginning of the Spring semester. Incumbent officers will continue in their duties until the new election is held, at which time the new officers shall assume office.

b. In the event of a vacancy in any of the offices, any member of the Executive Committee shall have the power to call a special election meeting to elect a new officer(s).

(i) Three consecutive unexcused absences of an officer from DSU meetings shall constitute the automatic resignation of the absent officer.

c. When an election is to be held, notices are to be posted at least 2 weeks in advance of the election date, and absentee ballots will be mailed to all members requesting them.

ARTICLE V -- Rules of Order

1. The Executive Committee shall convene all DSU business meetings. Contested decisions of the Executive Committee shall be approved (or disapproved) by a 2/3 majority vote of the regular membership present at the next business meeting.
2. Business meetings of the DSU shall be held bi-monthly, or more often if deemed necessary by the Executive Committee. The Executive Committee shall set the time and place of all meetings.
3. A quorum shall consist of 50% of the regular membership attending the meeting.

ARTICLE VI -- Method by which the Constitution may be Adopted, Amended, Revised or Revoked

1. Copies of the official and current Constitution shall be filed in the office of (a) The Associate Dean of Students and (b) with the Associated Students.
2. New or revised Constitutions must be approved through procedures established by the office of the Associate Dean of Students -- the Office of Activities and the Organization Board.
3. This Constitution shall be considered in effect upon ratification by a simple majority of persons eligible for regular voting membership in the DSU and may be amended in the same way.

CONCERNED BLIND STUDENTS ASSOCIATION
SAN FRANCISCO STATE UNIVERSITY
CONSTITUTION
February 1977

ARTICLES:

I. The name of this organization shall be the "Concerned Blind Students Association."

II. The purpose of this organization shall be:

Section 1: An organization to represent the interests of blind students on on campus.
Section 2: This organization shall not affiliate with any local, state, or national associations which require its affiliates to support specific positions which contravene University policy.
Section 3: This organization shall adhere to the practices of the Student Trust Office of SFSU.

III. Membership:

Section 1: Membership eligibility shall be open to all SFSU students, regard-

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less of sex, race, religion, creed, or political affiliations.

Section 2: Membership Requirements:

Members must be currently enrolled at SFSU and must have a visual disability.

Section 3: Membership Dues:

A person applying for membership who does not meet the requirements set forth in Art. 3, sect. 2 may have those requirements waived by a 2/3 majority vote of the membership.

Membership dues will be required on a semesterly basis. The amount shall be determined at the first meeting of each semester.

IV. Officers and Elections:

Section 1: The office holding positions of the CBSA must be filled by students with a visual disability who are members of this association. The officers of this association will consist of President, Vice President, Secretary, Treasurer, or a combined office of Secretary and Treasurer.

Section 2: Required Duties:

A. The President must be present and conduct all association meetings. He shall organize finances in accordance with the Students' Financial Trust Office. The President has full authority over all officers. The President must enforce and uphold the Constitution at all times. He must act in the best interest of members while officially representing this association.

B. The Vice President shall file a Student organization registration card at the beginning of each school year in the Student Activities Office. The Vice President shall be an assistant to the President. In the event that the President is unable to carry out any portion of his duties, the Vice President shall serve in his stead.

C. The Secretary shall be responsible for the minutes of all association meetings, any correspondence, and keeping accurate records and assignments designated by the President.

D. The Treasurer shall be responsible for setting up and maintaining all association financial transactions. All withdrawals must have the signatures of at least two officers.

Section 3: Executive Committee:

A. This organization shall have an executive committee which shall include a faculty sponsor, as well as two officers and two members at large. The executive committee shall make any final decision in the event of a deadlock. This committee has the authority to make emergency decisions for this associations.

V. Meetings:

Section 1: Regular meetings shall be held bi-weekly unless deemed otherwise.
Section 2: A quorum must consist of 2/3 of the membership.

VI. Amendments: This constitution may be amended, revised, or revoked at any time by 2/3 majority vote of the membership.

ATTACHMENT II

DSU

DISABLED STUDENTS' UNION

SAN FRANCISCO STATE UNIVERSITY
1600 Holloway Avenue
San Francisco, California 94132

January, 1978

Dear Fellow Student,

The members of the Disabled Students' Union on campus would like to extend a hand of welcome and friendship to you on Orientation Day, January 23rd, 1978.

We have planned Welcoming Meetings for 10 a.m. and one at 2 p.m. The meetings will be held in the Student Union Building, Rooms B112 and 113 (see enclosed map).

Many of us entered college filled with doubts, fears and misgivings. Questions such as, "How am I going to get around?", "Is the campus accessible?", "Will I have help if I run into a problem?"; all are questions everyone asks. We will do our best to answer your questions. We'd like to take you on a tour of the campus in order to make your introduction to the campus an enjoyable and unthreatening experience. Let us give you a helping hand into what we have found to be an exciting, rewarding, and mind-expanding experience. We would like to help you start your college experience with the positive tools of friends, a knowledge of the campus layout and an idea of services offered disabled students ... all directed at assisting you in reaching your goal.

For further information you can call the Disabled Students' Union at 469-1546 or the Disabled Student Service Center at 469-2472 TTY or Voice.

We look forward to meeting you.

Sincerely yours,

Members
Disabled Students' Union

LM/ras

HOW A DISABLED STUDENT CAN BECOME A CONSUMER ADVOCATE DEPENDENCY VERSUS INDEPENDENCE

Cheryl Adams, Fort Steilacoom Community College

I've been invited to give a brief presentation on the topic of How a Disabled Student can Become a Consumer Advocate. Due to the time restrictions imposed, I cannot possibly cover this subject in depth. For if I did, I'm afraid that it would take so long, that you would all have become disabled before I could finish!

Effective Student Advocacy at the Post Secondary Education Level requires more than an emotional response to situations. Advocacy can only be effective if certain other ingredients besides emotion are present. It is my opinion that an advocate must have:

1. A strong sense of self-worth and be as independent as his/her disability allows
2. An affiliation with disabled student organizations on campus
3. A ready access to a disabled students' coordinator who provides support when it is needed but recognizes the danger of over-dependency.
4. A working knowledge of Federal, State and local laws that have an impact on the disabled community

I believe that each of these components are crucial to becoming an effective advocate. The absence of one results in an ineffectual attempt at remedying problem areas. Therefore, I feel it is crucial that each of these points or ingredients be addressed in further detail.

One might ask, what the first two points have to do with bringing about change in higher education. I feel that without a strong sense of self-worth and personal independence, it is impossible to be a strong advocate. Unlike the Phoenix Bird that wings it's way from the ashes, brand new, disabled folks must struggle to feel good about themselves even when parts of their lives are obviously quite different than the lives generally experienced by non-disabled or TAB's (temporarily abled bodied) as we sometimes refer to them.

The first prerequisite to becoming a disabled student advocate, is of course, to become disabled. I accomplished this feat nearly fifteen months ago when my car went over an embankment into a ravine. You might say that I took a crash course in disability. Consequently, I became a paraplegic and was totally dependent on others for even my most basic bodily functions. Learning how to become independent and regain my self-esteem took many months of struggle and a lot of encouragement from others. I spent five months in rehabilitation and then had to learn how to live on the outside again.

I had to learn how to live alone with a disability. I mean literally! It is one thing to learn self-care in a hospital setting and quite another to get out there and experience it. I knew that if I fell on the floor at the hospital, while making a transfer, that someone would eventually come by and help me if I needed it. But at home if I fell, I could stay there forever because I didn't even know my neighbors and if I couldn't reach the phone, people would just think that I wasn't home. One time, I got into the bath tub and couldn't get out. I struggled for nearly an hour and almost panicked. But within six weeks, I felt fairly comfortable with doing household chores and general upkeep and began to feel a sense of personal independence.

Very shortly, I registered for fall classes at Fort Steilacoom Community College, and was informed that I was now a member of the Barrier Breakers Club. I vaguely remember thinking that this was group of handicapped people who got together every Tuesday at noon just to eat their lunch. I assumed this because each time that I met a member of the Club in the hall, they would ask, "Coming to the meeting? Be sure to bring your lunch". Well, I've never been a joiner before but I figured that I didn't have anything to lose, especially if I brought my lunch!

Having an affiliation with a disabled student organization on campus can be beneficial in many ways in helping to mold a potential advocate. The Barrier Breakers Club at Fort Steilacoom Community College afforded me the opportunity to become: involved in group effort to bring about changes on our campus by identifying and eliminating architectural and programmatic barriers, involved in peer-support of other disabled students, involved in sharing the "disability experience" with the non-disabled students, and involved in local, state and national issues that affect the disabled community.

This club is also a bridge to my becoming involved in other community groups such as the Tacoma Area Task Force for the Needs of the Disabled which monitors some of the local activities of HEW recipients.

Student coordinators have an obligation to provide support when needed but like a good parent or good teacher, they should recognize the danger of over-dependency on the part of the student. How can you accomplish this? Labeling people "handicapped" would seem to denote a sense of dependency on others. There are some really positive ways to use these words. Such as referring to our "handicapabilities" or using the word disabled with the emphasis placed on our "abilities" rather than our disabilities. With words like normalization and mainstreaming becoming effective dialogue, coordinators should be aware of the labels placed on your services. Words like "special needs" or "special services" can make the student feel that he is in some way different from the other students. One suggestion might be "Office of Unified Services". This might suggest to the disabled student that he is "one" with his fellow non-disabled students, and on an equal basis with his coordinator, so that when issues arise on campus that warrant an advocate, the two, student and coordinator work jointly to solve problems about the issues at hand.

Learning about and having a working knowledge of the laws that pertain to the disabled community is the most powerful tool a student advocate can possess. Coordinators should inform and urge students to participate in workshops and other organizations that pertain to political activists and encourage the student to get involved for his/her own sake.

I recently attended a consumer training workshop on Section 504, There I learned about the regulations governing recipients of HEW funds concerning the non-discriminatory rights of the disabled. I would have liked to have seen more of my fellow students in attendance at this workshop because of the great benefit that one receives from knowledge of the law.

Knowing his/her own rights affords the disabled student a greater degree of independence. Knowledge of the law is a powerful tool.

In summary, I would like to recap the four primary ingredients that constitute a strong disabled consumer advocate:

1. The person should have a strong sense of self and personal independence. Probably the most important ingredient to help that advocate to "keep cool" in heated discussions by not getting overly defensive.

2. Being affiliated with a disabled student organization. A sense of belonging and being exposed to organizational procedures is important for an advocate.

3. Having open dialogue with the student coordinator so that both student and coordinator can work toward the betterment of relationships and accommodations between disabled students, school administrators, and advisors.

4. Knowing the laws. Understanding that we as disabled students have the right to equal, not better than, but equal opportunities to pursue our career goals and reach our potential as individuals.

DISCRIMINATION AND THE HANDICAPPED INDIVIDUAL

Curtis Vandivier, Des Moines Area Community College

ABSTRACT

This paper is intended to briefly outline some of the myths, attitudes, and concerns related to the employment of the handicapped. It reveals that even with all the legislation forbidding discrimination, that it does continue to exist. It includes some suggestions on what employers, educators and handicapped persons can do to ensure that these practices and procedures do not exist in the future.

There are many laws, rules, and regulations which specifically state that employers may not discriminate on the basis of sex, race, color, national origin, religion, or handicap. Personnel from placement offices and employment agencies can readily testify that discrimination against the handicapped is no longer taking place, as they have file drawers after file drawers filled with affirmative action policies and procedures stating that fact.

Employers are also pressing forward in making their buildings more accessible for handicapped persons. As we look around us, we can quickly see the physical barriers for the handicapped are slowly but surely disappearing. This is another indication that employers are actively searching and seeking handicapped individuals to fill their most challenging and rewarding job vancancies.

With all the efforts being put forth by the employer, we could assume that handicapped persons should have no problems in securing meaningful employment. However, a quick survey of the job market would probably reveal four categories of employers:

1. Those who do not discriminate on the basis of sex, race, color, religion, national origin, or handicap under any circumstances.

2. Those who publicly state they do not discriminate on the basis of sex, race, color, religion, national origin, or handicap, but in reality do.

3. Those who do not hire handicapped persons under any circumstances.

4. Those who do not hire handicapped persons from the outside, but do provide employment for those injured on the job.

An analysis of the above categories clearly indicates that handicapped individuals are still being discriminated against, either openly or discreetly. This discrimination can only be eliminated through proper education, guidance, and counseling. However, many counselors and educators are too busy to be concerned about the needs and wants of the handicapped. Many counselors and educators would take offense to this statement, after all, thousands of dollars are spent each year sending individuals to workshops to better enable them to help the handicapped. Each workshop participant is looking for a new package to take to their educational institution to deal with all the problems, questions and concerns of the handicapped. These packages usually consist of laws, rules, and regulations related to employment, examples of resumes and application letters, career planning and job hunting aids, and information about the job market. But even these nicely designed packets fail to work in the hands of counselors or educators who are not in tune with the needs of the handicapped.

The employment needs of the handicapped are really no different than those of non-handicapped. Everyone wants a job where they can make the best use of their talents, have a chance to prove themselves, receive personal satisfaction, and make enough money to live comfortably. Many handicapped individuals have a hard time finding any job, let alone one that will meet their psychological, social, or physical needs.

The term "handicapped" itself, is somewhat defeating in the job hunting process. To many individuals, this term denotes a special group of people with needs and concerns quite different from those of non-handicapped individuals. Many employers interpret "handicapped" as meaning 1) low productivity and 2) more accidents. These same beliefs are often shared by educators, counselors, and the general public.

Unfortunately, these interpretations are also shared by many handicapped individuals. They have been programmed into believing that they cannot handle certain careers or jobs. In addition to being told they can't enter certain occupations because of their handicaps, they have also been convinced they cannot enter them because: 1) they are too young or too old, 2) they are the wrong sex or race, 3) they have too much education or work experience or they don't have enough. They have been totally convinced that they should eliminate many career options which are available to them. Handicapped individuals will only start pursuing and finding rewarding careers when attitudes, behaviors, and myths surrounding the handicapped are eliminated.

Employers must be taught that each handicapped individual is unique, has unique skills and abilities, is capable of performing efficiently and effectively in any work setting, as well or better than most non-handicapped. Employers must also rid themselves of the misconceptions and beliefs associated with hiring the handicapped. Some of these myths are listed below:

1. Insurance will sky rocket
2. Considerable expense will be involved in modifying work stations
3. Safety records will be jeopardized
4. Other employees will not accept the handicapped worker
5. Job performance will not be up to standards
6. Absenteeism will be high

Educators must also learn to recognize and understand the many myths related to the handicapped. They must be able to assist handicapped individuals in discovering their strengths and weaknesses, identifying their skills and abilities, and relating their talents to the world of work. If this is not done handicapped persons will continue to be counseled and trained for dead end jobs that offer little challenge or satisfaction. Educators must fully recognize that many handicapped people are much more capable than themselves, once this fact is accepted, relevant education will be provided and handicapped persons will begin to pursue more rewarding and challenging careers.

The handicapped themselves, must assist in changing these attitudes and myths. They must realize that laws, rules, and regulations, as well as accessible buildings, will not provide them the type of job they are seeking. Only a good record of past performances and achievements will convince educators and employers that handicapped people do make up a vital part of our work force.

All people must accept the fact that there is no such thing as a totally handicapped person. A physically impaired person who can perform a job in a satisfactory manner is not handicapped with respects to that job. "Hire the handicapped" is a slogan used many times in our society. We should not hire the handicapped just for a token, we should hire them fully realizing that they can and do make up an important part of our society.

ESTABLISHING A POSITIVE ATTITUDE TOWARD DISABLED UNIVERSITY STUDENTS

Joe Greve, Kemp & Young, Inc.

I am pleased to be with you today to share with you some of our problems and solutions in attempting to create a positive attitude toward disabled students in college and university settings. It must be noted at the outset that, just as your organization is only four years old, so is our organization, and hence, our efforts to create these positive approaches in the university climate. Further, it has been slow in coming. We now believe with the advancement of Civil Rights for Disabled Individuals under Section 504 and relevant court decisions, that the integration of disabled students into the mainstream of university life is occurring at a much more rapid rate in involving more severely disabled students than before.

Developing a positive framework for change and acceptance of disabled persons within the university system requires the utilization of key officials within the university, such as the president, academic deans, deans of students, directors of disabled student services, disabled student leaders, and other leaders willing to devote substantial time and effort. Assessments of where a university stands in terms of its Section 504 responsibilities; i.e. the development of a self-evaluation report and transition plan, and the maintenance of an on-going Section 504 advisory committee, must be undertaken initially to determine the level and extent of requested disabled persons' participation in university policy-setting activities. Thereafter, the university must commit itself to creating and designing training programs to acquaint key personnel within the system to disabled issues and legal responsibilities of the university in making programs and employment opportunities available to qualified disabled persons. The training must involve the personnel department, physical plant personnel, student affairs office, safety and security, curriculum development personnel, athletic department, etc. Each one of these groups of persons will need a program designed to meet their needs and address issues relevant to their particular activities.

Within the university setting is situated a unique creature who is either schizophrenic or wears two completely different hats — that person being you — the Director of Disabled Student Services. You are faced with being in a very precarious position as "consumer's advocate" within the university's management system, as well as being charged by the university with holding down costs and obligations of the university to a minimum. The Director of Disabled Student Services must be capable of selling "preventive" programs to the university's top management, and at the same time must be able to provide services to disabled students in a cost-efficient manner. The key to the success of the disabled student services director is to obtain positive and constructive consumer support for the planning and programming for disabled students. And how is this consumer support developed?

The most effective methodology for bringing in consumers is to exhibit an air of openness and positiveness towards the integration of disabled individuals and appropriately serving individuals in the university. Since both the self-evaluation report and transition plan require consultation on the part of the university with disabled persons or their organizations, you should seek the involvement of these individuals on an on-going Section 504 advisory committee immediately. Second, seek out individuals who have identified themselves to you as persons who need your services or seek out persons who have identified themselves as disabled employees to the personnel office within the university. All too often, however, only because a person is disabled, he or she is thought to be an expert on many other disabilities. This is not the case, as we all know and should not be the final determining factor, but only one of many factors in determining who should serve on the committee. Certainly a beneficiary of disabled student services would be able to provide you with interesting feedback.

In order to establish an on-going training program for various personnel within the university setting, there must be an evaluation system designed to give you and upper management an idea of how well you are meeting the needs of the disabled students you are serving. With this in mind, appropriate questionnaires, interviews and an open-door policy will be your bases for designing future training programs for departmental heads and various other segments of the university, such as the athletic department, food service personnel, etc.

In order to insure an openness and a positive campaign, allow me to draw upon an experience our firm has had in the state of Washington. We had become good friends with the Executive Secretary of the Governor's Committee on Employment of the Handicapped, whose name is Paul Dziedzic. Paul and the Chairman of the Governor's Committee, Lois Meyer, have developed meeting announcement forms which contain at the bottom the standard paragraph with the international symbol of access, which states generally to the effect, the following: "The meeting announced above will be held in a very free setting to permit mobility-limited persons to attend. If you desire an interpreter because of a hearing impairment, you are expected to notify this office that you require this type of accommodation. It will be provided for you at no cost, assuming you have given this office three working days' notice of such a need. We look forward to having you at our meeting." This type of announcement serves two purposes. First, the direct beneficiary of such an accommodation would be a hearing-impaired person now assured that the meeting would be "accessible" to him or her. Second, all other persons, although not disabled, and not needing this accommodation, are sensitized to the needs of hearing-impaired persons and what it takes to involve them in the state meetings. They are having a greater impact on the nondisabled population by using such sensitive messages, far greater than they expected. The state government in Washington is very tuned-in to this type of approach. Try from this experience. It would be extremely helpful for you to include such messages in all of your announcements pertaining to meetings and various activities. I am sure it would be meaningful to the nondisabled student population in the university setting. In the same vein, using appropriate terminology when discussing disabled persons is a major step forward in creating a positive attitude on campus.

All publicity in newspapers, campus flyers, etc. must state the phrases "disabled persons" or "persons with disabilities" and not include such phrases as "the plight of the disabled" nor contain sensational human interest stories of how a person overcame his disability or overcompensated for his disability. Ending phrases and sentences with "of the disabled" connotes that disabled persons are objects instead of individuals. One should use "of disabled persons" or "persons with disabilities" instead.

Special activities of various organizations on the college campus must be scrutinized carefully by disabled individuals so as to protect against unnecessarily highlighting the charitable needs of some disabled persons. For example, a university in the Mid-west wanted to get involved with an organization that served disabled persons. A fraternity decided to push an empty wheelchair approximately 80 miles to raise money. To disabled individuals, the empty wheelchair was something with someone pushing it, implying that disabled individuals cannot push themselves and that they must always be helped. A more constructive method of accomplishing their fund raising goals would have been either to permit disabled individuals in wheelchairs to push themselves portions of the 80 miles, or to have allowed members of the fraternities to get into chairs and pump themselves in lieu of pushing an empty chair. When coverage of the event was projected to society on television and in newspapers, it conveyed a less dignified approach than what might have been achieved involving disabled persons or actually simulating a disability.

Colleges and universities can utilize "disability awareness days" through disability simulation, obstacle courses, training, movies, films, etc., in furtherance of disabled individuals' needs and concerns. An item that is often overlooked is the involvement of disabled persons themselves in these programs. Some programs are suspect because able-bodied individuals tend to tell the rest of the campus what disabled people need, thus fostering the idea of dependency even further. If possible, involve qualified disabled people in the training exercises. In this manner, you as disabled student services coordinators will have an easier time gaining the support of the disabled community on the campus and selling programs to top management which will prevent discrimination from occurring. These techniques have been successful for Kemp & Young, Inc. and we hope, in turn, that they will be successful for you.

I thank you all for the opportunity to be with you today.

Support Services

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ATTENDANT CARE ISSUES FOR DISABLED STUDENTS

Deryl Greuer, University of California

ABSTRACT

This paper presents a subjective account of a physically disabled student's experience with various types of attendant care. Major topics include the overlaping issues of maximizing independence while integrating the provision of the care that supports this with other aspects of life for severely disabled individuals.

As the disabled student on this panel, I'm here to represent this perspective. My functional limitations, due to my physical disabilities, are such that much of the basic body care, as well as many external aspects of day to day existence, have to be done for me by others. I've dealt with this situation in a variety of ways over the years, on many levels, with varying degrees of satisfaction which affect or are affected by this aspect of my life. The areas I find myself most concerned with in this regard are: 1) how I can maximize my independence in terms of self-determined control over the provision of my needs; 2) how the way in which I do this will affect other parts of my life; e.g., relationships and living situations and 3) time involvement and financial considerations.

The interplay of these factors both comprise and shape the opinions I express here. The inherently subjective nature of an account such as mine is, I'm sure, obvious. I hope therefore, that any generalizations that arise in what I say, be taken as such, and that any subsequent extrapolations be recognized as similarly subjective. Overstating the obvious ..... the lives and needs of disabled individuals are as varied as any of yours, sharing the same basic elements common to everyone. I find it most useful to approach each persons needs and set of circumstances from as broad as possible a perspective, going from there to as specific a focus as the situation warrants.

When I incurred my injury in a preadolescent accident, initial total quadraplegia was followed soon after by virtually complete sensory return, so that I could again "feel". My motor return, or ability to move the voluntary muscles that had been paralyzed, was more seriously impaired and suffered further complications over the years. These stabilized when I was about eighteen, leaving me with the neurological condition which remains to the present. This is roughly equivalent in motor functioning to that of a C-4, C-5 quad. In other words, below the level of my injury, all that I can move are my arms and shoulders with little real exception.

The year following my injury was spent in an instituation called "Crippled Children's Hospital". It was a live-in institution providing the only available facilities for physical therapy. This latter factor provided me my only experience with extended institutionalization. I found it to be the worst living situation I've ever encountered. Except for the hospitalization and rehabilitation period directly following injury, I can see only harm for all involved if this solution is sought past the rehabilitation stage, excepting cases for which there is no practical alternative. When management of ones life is given completely over to others, dependence becomes not only a way of life, but a state of mind and the role of an invalid becomes difficult to escape. However professional the supervised care given, I have never been so often ill, nor surrounded by illness as at that time. The possibilities for a productive and fulfilled existence in such a setting are unlikely to say the least. Add to this the gross cost inefficiency - usually three times that of home support care - and serious personal and economic burdens become apparent.

After returning to my home, my family and friends took on all of my care for a period of some ten years, lasting until I came to Berkeley, California six years ago. Though the past years were a vast improvement over the preceeding ones, they were still basically unsatisfactory. The irony of my situation was that, as far as living at home goes, I could hardly ask for a better situation. Sensitive, helpful, liberal-minded parents whose genuine concern for facilitating whatever I chose to do, or not do with my life; good friends who remained all the more so throughout this time; and a stimulating, comfortable environment still left me with a substantial void in my life involving basic feelings of reciprocity toward those closest to me and upon who the day to day burden of my care fell heaviest. The worst of this was that I saw no end to it, my main concern being to minimize what I asked of others to point of my physical, social and psychological detriment.

None of us had any concept of my being able to live independently, or what attendant care could mean to me. Being a lower-middle income family, we had no resources for such care and knew of no way to obtain them from state or government sources, or if indeed, they existed at that time and place. My own first experiences were borne of ignorance as to the specifics of my needs and programs aimed at satiating those specifics. The first inroads toward solving these apparent problems involved the procurement of funds for attendant care from state and minicipal agencies. Further inquiry into availability of applicable programming led me to Berkeley, which was then and is now a center for 'disability conciousness'.

Eschewing the typical procedure of entering Student Health Services supervised residential dormitories, and the aligned attendant pool, I had a friend interview prospective attendants from a referral list provided by the Physically Disabled Students' Program, using a need criterion determined by myself. I hired two alternating, 24-hour workers, by twelve hour shifts, both having no prior experience. When they arrived I simply went over my needs and we worked out methods of alleviating them. Adequate service was immediate. Though at the time, no catherization was involved, I doubt that this would have presented a problem. Despite the fact that the relationships were good on both ends, the amount of their time and my money invested, proved prohibitive.

In lieu of this type of situation and with an increasing facility for external funding, I supplanted worker/hours with an ability for self-locomotion through acquisition of an electric wheelchair and modifications to my physical home environment. This allowed for far more independence, while having the residual benefit of cutting attendant use to three, systematized periods of daily need, with the last arriving attendant staying overnight to aid with the automatic bladder routine I used then, turn me in bed as necessary and provide whatever other services might be needed. For reasons of privacy, self-reliance and increased flexibility in my choice of attendants, I ultimately obviated the need for overnight workers by arranging for roommate care if needed, in exchange for an agreed upon sum of money. A major pitfall in this sort of situation; where one lives with a roommate who is also responsible for certain attendant services, is that it all too easily leads to assumptions on the part of others and/or the disabled person themselves. Specifically, that the roommate is somehow responsible for all needs that may arise unexpectedly, due solely to their proximity to the disabled person. Very specific boundaries must be established and kept, or this most sensitive of living situations becomes cumbersome. With proper communication and respect though, things can work well, as they have for me with a number of different roommates.

After some time I reached the point where choosing living situations on the basis of willingness to perform attendant duties became counterproductive. This gave added impetus to my continuing search for ways to minimize my attendant dependence without compromising my health or imposing on others around me. I subsequently found an alternative method of bladder management; intermittent catherization, which eliminated the need for urination during the night. Additionally, I obtained a water bed thereby removing a major stumbling block by allowing a single position for the entire sleep period.

This progression of events has enabled me to live much as I choose, attending school, working and living with people who have come together on the basis of common interest rather than for the provision of my needs. This has also left the way clear for me to become involved with a man with whom I've had an ongoing relationship for over three years. I feel that a committed primary relationship such as this would be impossible if my physical needs dictated our interaction. It would put severe stress on the vital element of free choice in being together, which is essential to any relationship, be it that of a relative, a lover or a friend. A balance must be kept and usually, achievements toward independence of care functions, leads to the drive for progressively more independence in other facets of one's life.

The very foundation of this achievement is an efficient attendant care system that can be tailored to individual needs. I find the referral system used at PDSP to be the most workable for me. I much prefer agency recruitment screening to assuming this task myself, however, further increased counselor responsibility seems to me to be counter to the basic concept of independent living. To have to justify my needs to persons other than myself and my attendant, or to plan them around predetermined criteria, would impose an arbitrary structure over a basically simple operation. In essence this is the exchange of physical for economic support that takes place between attendants and the disabled individuals who employ them, and the management of this by the latter group in conjunction with the former, as a primary means utilized to achieve independent living.

ATTENDANT CARE: THE ROLE OF THE DISABLED STUDENT'S OFFICE

Sharon Bonney, University of California

ABSTRACT

Under the mandates of 504, schools are not responsible for personal attendant care needs of disabled students. However, attendant care referral services provided by the institution are essential. Primary goals are to deliver the best attendant care services available and to give disabled students' autonomy over their attendant and their needs. This paper discusses how the type of attendant care services available affect the type of student who will attend; how to develop an attendant pool; how to set up an adequate screening and interviewing process; and how to develop adequate funding for attendant services.

Vocational schools, junior colleges, four-year colleges and universities working under the mandates of Section 504 of the Rehabilitation Act of 1973 are not responsible for personal attendant care needs of disabled students enrolled in their institutions. However, if disabled students are expected to enroll and survive in an academic setting, some type of attendant care referral services provided by the institution and designed to meet the activities of daily living (ADL) needs of students are essential. The primary goals of any attendant care program are to deliver the best attendant care services possible given available resources and to give disabled persons control over their own attendant needs to the fullest extent possible.

At the outset, it should be stated that the final decision on who a disabled person should interview, hire, train and fire as an attendant is the responsibility of the disabled person. The disabled student services office should serve a referral and initial screening function in the whole attendant care process. As more and more students enroll in schools, the demand for attendants will increase even faster since one student will need more than one attendant. The centralization of attendant referral in the disabled students office will increase the efficiency of matching student needs with attendants willing to fulfill these needs. It will also reduce the need for individual students to advertise for and screen the same people for attendant jobs.

The amount of effort an office is willing to put out, and the scope and quality of the attendant care services an office is willing to develop, will determine to a great extent the type of disabled student who will attend the institution. Some schools provide no attendant care services, and, in fact, do not permit students who need attendant care to live in the dormitories. At the other end of the spectrum, some schools provide an extensive attendant referral and training program and admit students with no hesitation who need up to 24-hour attendant care. One school will get only those students who are totally self-sufficient or who are willing to spend large amounts of their time performing ADL activities for themselves when they would ordinarily have hired an attendant to help them. The other school will get students who will utilize attendants, who will learn to organize their ADL to minimize the time factor to live as independently as possible, and who will have a skill they will use all their lives whether in or out of school.

Role of the disabled student services office

The disabled students office will have to make a conscious effort to survey the resources available to them and design an attendant program around those resources. Crucial resources are, of course, a pool of attendants to draw from, an adequate screening and interviewing process, and adequate funding for attendant services performed.

Developing an adequate attendant pool can be an exercise in creative thinking. Advertising in local and campus newspapers is often not enough to attract adequate numbers of attendants. It may be necessary to put up handbills on bulletin boards, list the jobs with the work/study and state employment offices, advertise with other schools in the area, and utilize word of mouth. Some schools have found it useful to involve students with pre-nursing and pre-physical therapy majors who need practical experience in their fields to gain admissions to their programs. Whatever methods are used to recruit attendants, it will have to be a continuous and constant effort.

The fewer restrictions placed on the attendant pool, the better. Ideally, anyone from the school or the community should be a candidate for attendant work. Students are not necessarily the best long-range attendants because they have different schedules every quarter or semester, and they are subject to unpredictable coursework time demands. Requiring prior experience, work/study eligibility, etc., reduces the potential attendant pool.

The initial introduction to attendant care will be the deciding factor for many people as to whether or not they really want to pursue a career in attendant work. This is the time to weed out the weirdos, the fast-buck seekers, and the weak of stomach. If someone blanches at the thought of doing intermittant catheterization or inserting suppositories and cleaning up afterwards...now is the time to find it out. It is during the preliminary interview that the role of the disabled students office is most important. This is where the role of an attendant must be made clear. Prospective attendants should be told about the need for dependability, professionalism and responsibility. It must be made clear that attendant work is not an easy, few-hours-a-week job to make Saturday night pocket money. It must be made clear that once committed to a schedule, the attendant has to show up or make arrangements far enough in advance so that the disabled person's routine does not come to a stop.

It is a good idea to give the prospective attendant a mini-training course on the various types of bowel and bladder routines which they might be asked to do, on various lifts, and on positioning, dressing, skin care, etc. Although the disabled person will have to train the attendant to meet his or her specific needs, this mini-course is a good introduction to what attendant care is all about. A thorough interview will take about an hour, but it will up-grade the quality of attendants in the pool. A final item to make clear to the prospective attendant is the fact that they will not be referred for additional attendant work if reports come back that they have been unreliable or irresponsible in their attendant care. Keeping track of these problems and passing the information along to other disabled persons might be the most valuable service the disabled students office can provide.

There is no set list of pre-determined characteristics which, if found in one person, will assure that person will be a good attendant. An experienced attendant is not necessarily a better attendant than someone with no experience. Some things which do have an affect on the reliability of the attendant are proximity to the living quarters of the disabled person, means of transportation, reachable by telephone, other commitments, and attitudes towards disabled people. Personal references should be contacted by the attendant referral person in the disabled students office. All of these things should be discussed during the initial interview.

After a prospective attendant has been interviewed and screened, the disabled students office should make comments, both pro and con, about the prospective attendant on the application form. At this point, it is up to the disabled person's preferences who they interview after reading all the information. The disabled students office should keep a listing of students who need attendants, the times necessary and the duties to be performed. When an attendant applies who can meet these needs, the attendant can be referred. Students should be encouraged to notify the disabled students office about the quality of care given by different attendants. A good attendant can and should be referred for as much work as the person can do. The habitually poor attendants should not be referred again.

Funding and how it affects the attendant services

The preferred method of financing attendant care is directly to the disabled person. In addition, the preferred funding source is state or county In-Home Supportive Services or attendant care monies--whatever they are called. This system is used in California and the county Welfare department determines the amount of attendant care money based on the number of hours needed for attendant care. Maximum attendant care is about 50 - 55 hours a week and the disabled person is allowed a maximum of up to $704 per month for attendant care. This method of attendant care funding is determined on the basis of the need for attendant care and is independent of parent's income. It is reduced on a sliding scale based on income. If every state would adopt this method of funding, local inequities would disappear and disabled people would have more options available to them about where to live, where to go to school, where to get a job and still be relatively sure of attendant care support. The fact that only some states have this type of attendant care support tends to "ghetto-ize" disabled people who are dependent upon attendant care support to those areas which make provisions. Hopefully, disabled persons, sponsoring agencies, disabled student programs and independent living programs will collectively push for nationwide establishment of this type of attendant care financing.

Advantages of this system means the difference between living an independent versus a dependent lifestyle. Direct payment to disabled persons allows them absolute freedom to choose who will work for them, what they will do and how. It becomes solely the disabled person's responsibility to organize their ADL and this is where the responsibility belongs. Another benefit is that students or other disabled persons are assured of attendant care monies whether or not they are sponsored clients of the Department of Rehabilitation (DR), of Veterans Affairs, or of some other sponsoring agency. It is unsettling for a person to know that their personal attendant care needs will be met by an agency only if they maintain a specific grade point average, select the "appropriate" college major, or fill out the proper forms at the proper times. It is important to understand that dependence on DR or some other agency to supply attendant care monies will, again, limit disabled student enrollment to people who qualify for sponsorship by the agencies or who are able to privately finance their needs. Excluded will be people who do not want to use DR or Veterans services for one reason or another, people who are ineligible for agency sponsorship, most graduate students who do not routinely receive sponsorship from DR, and probably transfer students who lose their support if they go out of state. A third benefit to students is that if they have to drop out of school for a period of time or they graduate they still receive attendant care support. Their life-line is not dependent on their enrollment in school. School ends, attendant care needs do not.

However, when the disabled students office assesses its resources, it must call upon what is available and build from there. The financial options for attendant care are numerous and what is used at a particular institution will probably be a result of negotiations on everyone's part to come up with a workable program. One way to provide attendant care is for the funding agency to make cash payments to the institution. The institution then hires and trains a specific numer of attendants who work or are on-call for all disabled persons living in a dorm, residence complex. Another way to provide attendant care is to fund the disabled person directly but then require that disabled students living on-campus go through a needs evaluation done by the health center or the disabled students office. The office then determines how many hours of care are needed a week, and bills the student accordingly. All of these approaches put a great time demand on the institution to do evaluation, billings, training, etc., as well as taking the responsibility for attendant care away from the disabled person and shifting it to an inappropriate location. At the end of this paper is a listing provided by HEATH in Washington of colleges which have indicated they offer attendant care programs. Individual contact should be made to do a thorough investigation into different types of attendant care programs.

Disabled student programs should be aware of the growing tendency of the Departments of Rehabilitation across the country to withdraw funding for student services on college campuses. For those schools just developing an attendant care program, it would be wise for them to seek out alternative funding sources other than DR funds.

Conclusion

Attendant care services are essential to the survival of many students in an academic setting. Disabled student offices should deliver the best attendant care services possible by developing an effective screening and interviewing process which results in quality referrals. Above all, the disabled student needs autonomy in selecting his/her attendant and directing his/her own attendant needs.

APPENDIX A

COLLEGES AND UNIVERSITIES WITH ATTENDANT CARE SERVICES

Feather River
Donna Ferro - Reid, Enabler
P. O. Box 1110
Quincy, CA 95971
(916) 283-0202, Ext. 41

Georgia State University
Carole Pearson, Coordinator
University Plaza
Atlanta, GA 30303
(404) 658-2000

California State, Long Beach
(no name of Coordinator)
Long Beach, CA 90840
(213) 498-5401

De Anza College
Dr. Barbara Reid
Dean of Special Education
21250 Stevens Creek Blvd.
Cupertino, CA 95014
(408) 996-4567

McLennan Community College
Mr. William Mauer
Director of Special Services
Waco, Texas 76708
(817) 756-6551

Reedley College
Lynn Mancini, Enabler
995 N. Reed Avenue
Reedley, Conn. 93654
(209) 638-3641

San Antonio College
Sharon Lynn Hill, Counselor/Coord.
Programs for Handicapped
1300 San Pedro
San Antonio, TX 78284
(512) 734-7311

Southwest College
Henryette Fisher, Coord. Programs
and Services for Handicapped
1600 W. Imperial Highway
Los Angeles, CA 90047
(213) 777-2225, Ext. 205

San Francisco State University
Lynn Smith, Director
Disabled Student Services
1600 Holloway Avenue
San Francisco, CA 94132
(415) 469-2472

Southern Illinois University
Ron Blosser
Carbondale, IL 62901
(618) 453-5738

SUNY Stoneybrook
Roy Watkins, Director Special Programs
132 Humanities
Stoneybrook, NY 11790
(515) 246-3590

University of California, Berkeley

University of Kentucky at Lexington
Jacob Karnes, Jr., Director
Student Services, Handicapped
Room 10, Alumni Gym
Lexington, KY 40506
(606) 258-2751

University North Colorado
Mrs. Tedde Scharf, Director
Candelaria Hall 31
Greeley, CO 80631
(303) 351-2280

Wichita State University
Jo Gardenhire, Director
Program for Physically Handicapped
Wichita, KS 67208
(316) 689-3309

University Mass. Amherst
Paul Appleby
Coordinator, Handicapped Student Affairs
U. Health Services
Amherst, MA 01002
(413) 545-0892

Boston University
Alfred H. DeGraff, Administrator
Disabled Student Services
George Sherman Union
775 Commonwealth Avenue
Boston, MA 02215
(617) 353-3658

University of Arizona
Dr. Kent B. Kloepping, Director
Services for the Handicapped
Tuscon, ARIZ 85721
(602) 884-2344

Wright State University
Pat Marx, Director
Handicapped Student Services
Dayton, OH 45431
(513) 434-2792

AN ATTENDANT CARE PERSPECTIVE

Barbara Spoons, Berkeley, California

ABSTRACT

This paper describes various experiences as a live-in and part-time attendant. It examines the demands inherent in this line of work, some methods of coping, as well as the value and rewards to be gained.

My purpose on this panel is to represent the attendants' perspective. The role of attendant is certainly an intense one, having many diverse and largely unexplored facets. There are as many differences as there are people and circumstances. This paper is based on my own experiences as an attendant doing a variety of jobs--both live-in and part-time work.

I knew nothing about the field until last summer when I arrived in Long Beach to visit a friend who was the live-in attendant of a disabled Viet Nam War veteran. That was the first step of my education. Previously, I had studied Early Childhood Education, got my Masters' degree at Bank Street College of Education in New York City, and had taught elementary school. I arrived in Berkeley with the intention of changing my focus somewhat, and looking for a job in either special education for the physically or mentally handicapped, or in some kind of institution such as school or residential setting or service agency. At the time, I didn't even know that Berkeley was the center that it is and had the resources that it does for the disabled. I began scouting around for jobs and was directed to CIL, the Center for Independent Living, which is a social service agency dealing with the needs of the disabled community, and which was formed, is governed and staffed mostly by personnel who, themselves, have a variety of physical disabilities. The receptionist introduced me to the idea of attendant work. Immediately I became aware of the first advantage in this line of work--the job market. I was interviewed by the person in charge of attendant referrals, and once he was satisfied with my sincerity and qualifications, i.e., as a concerned, seemingly honest and capable person, he delivered into my hands a list of people looking for attendants at the times I was available. As simple as that. I went in unemployed, and came out with work. It seems that there is always an immediately-available source of jobs. Also, this work provides the possibility of great flexibility and self-determination for the attendant in terms of schedule and amount of hours worked per week. It is possible to arrange your work to suit your life, rather than the other way around. Aside from established referral services, it is also rather common for attendants and attendees to connect through recommendations by friends.

Live-in and part-time work have their similarities as well as different aspects. For me, one of the main drawing cards of this work in general is the close, on-going, one-to-one contact with another human being. In dealing with the intimacies of daily life, it provides the opportunity to get to know each other very well, to share knowledge and ideas about things specifically related to the attendant duties, as well as anything else that might come up in any relationship. On the other hand, though, with working so closely to someone comes the possibility of great friction or frustration if your values, styles or priorities are in opposition to each other. Here the importance of open and clear communication is paramount. It is especially important to establish the ground rules at the outset, so that neither party will feel taken advantage of or "ripped off". I had the experience of working just twice a week for a woman quadriplegic who, in my opinion, did not adequately take care of her health and living space. It was extremely frustrating for me to go there and each time have to wade through piles of junk to find supplies, to see on her rashes and sores--the effects of neglected care and hygiene, and to have to constantly deal with filth in the bathroom and kitchen. This was obviously an extreme case. However, dealing with feces, urine, leg bags, catheters, infections or whatever else, is a common part of attendants' duties. The disabled person must realize the stress that this induces, and try to make it as easy to deal with through having well-established routines and all the necessary supplies. I continued working with this woman, thinking I had been given a "mission". But no matter what I tried to accomplish around the problem areas, I met with hostility and lack of motivation. When I sought help from her counselor at CIL, I found that I was one in a long string of attendants who had been through similar experiences with her and who had been burnt out by her endless demands and lack of satisfaction. I finally realized that she was living the way she wanted to, and that for the sake of my mental health it would be best for me to terminate with her. I felt a sense of real futility and powerlessness, especially since I thought she was being destructive to herself. It was hard to know what my responsibility and boundaries should be in this situation - where to remain silent and acknowledge personal preference and choice, and where to try to effect change based on knowledge of superior personal management and health.

Since becoming an attendant, I have learned much about general anatomy and physiology as well as various injuries and diseases, methods of treatment and maintenance. All this very useful knowledge was transmitted on the job. Before I started, I didn't even know what a catheter was, let alone how to use one! Thus, I got trained to do things usually relegated to health care professionals, and in the process learned much about, and developed an ease with, bodies and body functions.

With this work, one has the feeling of being of real use, of providing a crucial and valuable service, in which the results of work done are immediately apparent. Unfortunately, the remuneration of such work borders on subsistence level, since attendant work is equated with housework, which is not highly valued in our society. However, attendant work does indeed require a high degree of skill and responsibility.

These are some of the generalities related to attendant work. Now I'll address the question of live-in versus part-time jobs. The most obvious difference relates to the degree of responsibility inherent in each. In part-time work, one is responsible for specific duties done in a limited number of hours. Usually there are a number of attendants, thus spreading out responsibilities to a great extent. In my live-in position, however, I am the only attendant providing all the personal care as well as all household chores and anything else that might crop up in the course of daily living. I am directly responsible for the complete physical functioning of the life of another person. The fact that the woman I live with requires a relatively small amount of personal care, does provide the time and space I need to do other part-time attendant work, as well as have my other interests and diversions.

My live-in work has surely taught me a great deal and contributed to my personal growth and self-awareness. After my first week, I was totally exhausted due to the physical as well as psychic demands of having someone totally dependent on me. Nor could I "get away from it all" by going home--home and work are the same place. Since I was being required to give so much of myself, it became imperative for me to figure out what my boundaries were, and what sort of things I could do to nurture myself so as not to become totally depleted and resentful. I began to be more conscious of doing for myself the things I was providing for others, e.g., baths, lotions, etc.; really taking care of myself. I did have to give up the luxury of spontaneously going out, or staying somewhere longer than anticipated. However, I have adjusted to this and not found it too much of a hardship. Now, after five months, routines have been well-established, and it is not nearly as taxing as it was at the beginning. In this regard, open communication was again essential to make sure that both of our needs and desires would be met in a compatible way. The heavy commitment involved in taking such a job is not one I'd make for money alone. It is important for me to feel comfortable, satisfied and enjoy my home. In order for this to work for me, I see the relationship in a certain way. That is, that we are sharing our respective resources. My attendee puts in the money (via the State), and I put in the physical energy. It is up to both of us to make sure that each of our needs get met, and that we respect each other's desires and choices. I know I am able to give so much because I do have choices, respect and a certain amount of self-determination.

To sum it up, in most places I've been, the disabled are invisible, and lack of contact leads to lack of understanding and even total unawareness. Through my work, I have been made conscious of "crip" problems, stereotypes and discrimination, as well as having learned a great deal about myself from some amazingly powerful and fascinating people. I feel incredibly enriched and blessed to be in this line of work.

STRESS AND ATTENDANT MANAGEMENT

Susan O'Hara, University of California

ABSTRACT

This essay describes the stress inherent in the situation when a disabled person needs attendants for daily personal care. The desire for stability, privacy, and independence is weighed against the anxiety that can accompany the need for assistance in basic life functions. The essay emphasizes the times of peak stress and what an attendant referral agency should do to alleviate some of that stress.

Most people find disruptions in the patterns of their daily affairs distressing and unnerving. Few people will voluntarily forfeit the right to choose for themselves in personal matters, and most people depend on some degree of privacy in dealing with the myriad of details that comprise one's personal life. To have to share these private things, to need assistance from others, can threaten the individual's sense of freedom. For disabled people who rely on attendants, these basic needs for stability, privacy, and independence are often compromised. Paid attendants are a necessary intrusion into a person's most private life, yet a stable and reliable attendant program is a first necessity to a disabled person wishing to control his or her life.

Attendant management is not, however, without difficulty and stress. It can seem humiliating to need this basic assistance. To need employees for personal care in one's home can violate the sense that home is a shelter, a retreat. To greet an employee from bed in the morning is a vulnerable presentation of self. To need to give access to dresser drawers, pockets, mail, and even to one's person is to lose a great deal of privacy. To worry about whether one will fall during a transfer is to fear for actual physical safety. Dependence on pre-set hours for each assisted activity kills spontaneity. (Leisurely conversation after a dinner party is impossible when an attendant is scheduled to arrive at a fixed time.) Such necessities can be embarrassing and stressful for the disabled person.

Repeatedly integrating new people into one's world of personal needs taxes a disabled person's resilience and sense of control over his or her life. The uncertainty and risk that always accompanies meeting new people is intensified when the new person is a prospective attendant. Does the prospective attendant know what she is getting into? ("Will she be embarrassed by my naked body?") Will she be pleasant to be around or will she have any weird "quirks"? Will she be able, and more important, willing to follow instructions? ("Will she be able to learn my routine and will she remember it?") Will she be strong enough to do the necessary transfers from bed to wheelchair, to toilet, etc.? Will she be punctual (or will I be late to class in the mornings?)? Will she have reasonable respect for privacy?

Anxiety is at its peak when one attendant is leaving employment and another is being hired. At that point, a smooth-running life is disrupted. The disabled person very likely feels a threat to the structure of his daily life and can feel overwhelmed by the never-ending need to arrange for personal care. Pre-occupation with finding a new attendant and re-establishing a smooth-running existence can preclude concentration on work, classes, creativity, and the more usual activities of adult life. Once a routine is established, stress is decreased and a balance regained. Anxiety can instantly recur when an attendant calls in sick at the last minute or when some other event forces attention to basic needs.

When the stress is too high and the coping mechanism fails, attendant-employer relations take an insidious turn. Manipulating attendants into doing one's wishes by playing on pity, guilt, or power is a common last-ditch effort to regain control over one's life. Another is partial or total surrender of one's power by allowing the assistant to decide what will be done and how it will be done.

Sometimes, especially for a disabled person who is new at employing assistants, the difference between friends and paid assistants can be unclear. If someone appears at one's door five mornings a week, it can be easy to perceive this as friendship when it is in fact the terms of employment. When the employee leaves the job, anxiety can be two-fold, based on the actual need for basic assistance as well as on the feeling of being abandoned by a friend.

It is not possible to eliminate all the stress in a situation where the helper plays such a basic role in another's existence. However, several factors--which can be controlled--play an important role in keeping stress at a manageable level. Adequate resources, i.e., potential assistants and funding, are essential. For each disabled client needing daily morning and evening care, this entails a minimum of four attendants--one for weekday mornings, one for weekday nights, and two more for weekend times. The disabled person needs psychological relief from dependence on a single person, and the attendants will be less likely to experience job burnout under this plan.

A top priority of an attendant referral service is to pre-screen attendants and to explain the nature of the job to applicants. The referral service can conduct training programs for attendants in basic personal care, e.g., transfers, skin care, bowel and bladder programs. Also, the service can train disabled people in good interviewing skills. The referral service should emphasize the importance of organizational skills and can offer to help establish routines in the disabled person's home environment. The service can serve as a meeting place for disabled clients to share feelings, problems, and solutions with each other. Some anxiety can be alleviated by knowing others share the same feelings and by talking about it.

At the best of times, attendant management is a stressful affair, and one might ask why disabled people tolerate so much stress. Because the alternatives are much less desirable. Living at home in the care of the family or in an institution may decrease some of these stressful situations, but increase and even create others. The overriding reason to live on one's own is the chance to create one's own life and make one's own choices, despite the stress and anxiety that may accompany the process. The solution lies not in denying oneself these opportunities for independent living, but in alleviating stress wherever possible.

PSYCHO/SOCIAL ADJUSTMENT TO DISABILITY

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ABSTRACT

In recent years, the attention of professionals in the field of rehabilitation has turned to the questions involving the psychological and social adjustment of persons who become traumatically disabled. It has been found that each person, though unique in his/her own right, experiences common concerns and problems during the acute, rehabilitative and re-orientation to the community phases. In addition to adjusting to internal concerns, each individual must also deal with the attitudes, limitations or stereotypes generated by external groups or individuals within the community. It appears that new dimensions are becoming possible for disabled people to explore and the tools each uses to deal with his/her own set of problems are acquired through a long and continuing process.

COMPLETE THE FOLLOWING QUESTIONS BY CHOOSING THE MOST APPROPRIATE ANSWER:

1. When meeting a disabled person, you should a)run screaming from the room b)pretend you don't see him/her c)talk loudly and carry a big stick d)treat him/her as you would anyone else.

2. A physical disability a)is contagious b)breeds more disability c)results from improper moral conduct d)limits some physical mobility.

3. People who are disabled a)stay in the house all the time b)melt in the rain c)smell bad d)can lead active, productive lives.

4. The disabled person a)feels bad being around able-bodied people b)thinks Ironsides is a hero c)eats funny food d)has the same kinds of problems as his/her able-bodied counterpart.

5. A person who is disabled a)will never marry b)will only marry another disabled person c)engages in perverse sexual activities d)can form strong personal relationships and/or marry just as anyone may.

6. The only recreation a disabled person can enjoy is a)feeding the ducks at the park b)watching sports on television c)watching the planes land at the airport d)whatever s/he is interested in--with some modifications.

7. The disabled person needs a)pity b)your money c)your old clothes d)an equal chance.

8. Employment possibilities for a disabled person include a)selling pencils on the street corner b)engaging in armed robbery c)making handicrafts to sell d)becoming president of IBM.

9. One of the most famous disabled persons in history is a)Raymond Burr b)Jon Voight c)the Hunchback of Notre Dame d)Franklin Delano Roosevelt.

10. If you ask a person about his/her disability, s/he will a)cry profusely b)punch you in the face c)go into shock d)give you a straightforward answer.

The foregoing questions may have been written tongue-in-cheek but they seriously represent some of the attitudes and concerns a disabled person must deal with on a daily basis. Unfortunately, our society as a whole tends to stereotype groups of people as well as individuals. The stereotyping increases the more that group or individual deviates from the norm. If asked, I'm sure we could each provide an answer for what is a "perfect athlete", a "perfect 10", the "perfect car" as well as what toothpaste makes us more desirable or which perfume will attract males from a five-mile radius. Such criteria, the good with the bad, bombards each of us during our formative years--and beyond, and constant feedback tells us how we should be and act. If a time capsule were opened a thousand years from now, the archaeologists of the time, I'm sure, would conclude the ideal American of the twentieth century was white, Protestant, between the ages of 30 and 40 (if male) and 28 and 35 (if female), kept his/her teeth clean, breath fresh, had a fixation about body odor and was sexually promiscuous. The serious side of this matter tells us that standards are developed and role models used to help each of us establish, maintain, and develop our sense of self. What happens to these systems when a person becomes physically disabled?

Before considering that question, you may ask why we need to be concerned with the disabled anyway? After all, they must be a pretty small group of people. Well, it is true that the disabled are considered to be a minority group but if we take a look at statistics, we'll see that it's been estimated that as much as 10% of the adult population in the United States has a disabling condition which in some way limits physical functioning. Some are more severe or visible than others--but the total number of disabled persons is as great as the number of persons who are left-handed. Physical disability has touched all of our lives in one way or another. Add to that the increasing numbers of people who become traumatically disabled and who are now surviving because of improved medical care and I think you'll agree this minority of which we speak takes on significant dimensions. What happens to the coping systems and our standards of excellence when a person becomes disabled?

Recreate in your mind's eye, if you will, the typical routine you endure during a normal day of work or play. Rising in the morning, you shower, dress, grab a bite of breakfast, and drive yourself to work. After putting in a full day, you find yourself back at home and decide to spend a few minutes in a favorite activity--jogging with the dog. After a restful evening at home, you turn in, maybe with the thought of participating in some sexual activity with your partner. The next day dawns with pretty much the same prospects but this morning, instead of arriving at work on time, you are involved in an accident which has spared your life but damaged your spinal cord beyond repair. You find yourself in the acute ward of your local general hospital with only the promise of spending the rest of your life--which will probably go full term--in a wheelchair. What thoughts are you having? What concerns come readily to mind? What questions will you ask? Let's take a look at some of those issues.

One of the first things puzzling you is the medical jargon: terms like "complete vs. incomplete", "lesion", "catheter", "autonomic hyperreflexia", ad infinitum. You're not really sure what a spinal cord injury means, anyway. And why can't they fix it? The shock of hearing you'll never walk again still numbs you but since you don't feel so well anyway, you hope it'll all go away when you "get better."

The weeks roll by and you find yourself making the transition from a medical model in the general hospital to the rehabilitation model in a rehabilitation center or ward. You've probably suffered a great deal from a bad case of "patienthood". The hospital environment told you you were sick, the medications and probable surgery has stabilized your condition medically, and the cards and visits from friends and family made you appreciate the special attention. You've had to be dependent on a lot of people for many things, something as simple as picking up a pencil from the floor. And you're still wondering when this crazy dream is going to end.

Within what seems to be a relatively short period of time as well as an eternity, you find yourself being transferred to a rehabilitation center to begin "therapy". You're told you'll have a physical therapist, an occupational therapist, a social worker of some kind plus another doctor to meet and work with. You are no longer "sick" and the work of getting you back home to a normal life has to begin. My Lord, they really believe you're going to be spending the rest of your life in that chair! But you don't believe it because people have told you stories of others who, like you, experienced paralysis of some parts of their body but who got return and are walking and functioning again. Even if you do have to sit in that chair indefinitely, you're not really sure you'll ever be able to return to a "normal" existence again. What will your family and friends think? Won't they be embarrassed to be seen with you? How can you ever feel attractive again? And work? You could never face the people at the office.

Sometimes you don't feel you'll ever get home. You seem surrounded by professionals who are constantly asking you to do things or who are bringing you medicines or equipment--never quite leaving you totally alone. You've forgotten what the words "privacy" and "modesty" mean. The nights seem especially lonely and sometimes people wonder why you're depressed or angry, trying to cheer you up or make everything better. You know they're trying to help but you still feel you have the right to be angry or depressed. You didn't ask to be placed in this predicament. So sometimes you may seem unduly harsh or blasphemous but deep inside something is telling you it's time to get on with living.

There still seem to be hundreds of questions which need answering. One day, the pieces begin to fall into place and you decide to begin making some decisions for yourself. Maybe you still don't believe that a wheelchair for the rest of your life is your fate, but you've decided to make something of how you spend your time meanwhile. You wonder if you're asking your therapists too many questions. You're still not sure if your car is the right model to be adapted with hand controls. What about raising the desk at work? After all, you spent most of your day sitting down, anyway. Or maybe there's a possibility of going back to school and increasing some skills? What about sexual function? You've been trying to keep that issue in the back of your mind but it keeps cropping up when you least suspect it. Will you be able to have children? What about an orgasm? Most of all, will you be able to make your partner happy? More than that, how will you be able to dress to still be attractive so you can feel good about yourself? How will you deal with that self-conscious feeling when you go out in public? What if people ask embarrassing questions or stare? Maybe you could talk to someone who's "been there" and ask for some suggestions. Maybe your counselor would have some advice or know of some people to talk to. Feedback still seems important, somehow.

Graduation day has finally arrived. Your suitcase is packed, the car is adapted and ready, and you roll through the door, hoping that everything you learned will be practical once you're home. A friend mentioned to you that he thought you'd accepted things rather well. You're not too sure you've accepted anything but at least you're coping with the situation. But you have the feeling some days are going to be worse than others.

After being at home for a while, you've learned some valuable lessons. You've learned how important it is to be able to communicate with people, how to be appropriately assertive whether at home or in public, how to deal with your depression, and most importantly, how to let yourself be frustrated without feeling guilty about it. And before you know it, you find yourself rising in the morning, showering, grabbing a bite of breakfast, driving to work, putting in a full day and returning home. You might not go jogging with the dog but you've learned you can still enjoy many of the same activities you did before. And if people can push their wheelchairs 26 miles in a marathon maybe the dog will still like to go for a walk. He always preferred a little slower pace anyway. After relaxing for the evening, you go to bed with the thought of maybe participating in some sexual activity with your partner. You sometimes find yourself wondering if they will ever find that "miraculous" cure for spinal cord injury but while you're waiting you've decided to make the most of the situation.

The foregoing emphasizes some of the major concerns and issues faced by a newly disabled person but, in summary, several points need to be highlighted. First of all, each person who suffers a traumatic disability is an individual with different coping mechanisms. That person's past history, environment and sense of personal worth will all be contributing factors to his/her success in rehabilitating. People do, in essence, rehabilitate themselves. As persons in the helping professions or as concerned family members or friends, we all contribute in some way to that process. But in the end it is the individual who must assume responsibility in his/her rehabilitation. Although a great deal of credit must be given to those who make a successful comeback after experiencing such a trauma, we sometimes fail to realize the humanness each of us possesses and we also sometimes forget that most of us suffer some kind of significant trauma in the course of our lives. There is not one of us who has not felt the pain of a divorce or loss of a loved one. Yet, we often overlook the fact that all of these situations are trauma and are dealt with as well as our individual coping mechanisms allow. A disabled person may be viewed as having special skills or as having changed as a result of the trauma. But because human beings are simply human, we see, instead, that all of us pick up the pieces in some manner and try to maintain a normal life style. We might expect great changes in a person after a trauma--but they are the changes our humanness thrusts upon us, whether they involve physical changes or not.

Just as each person has different skills, everyone also experiences some of the "stages" outlined in the previous pages at different times. These phases are often compared to Kubler-Ross' theory of the five stages of grief in her work on death and dying. In some ways, the disabled person has indeed suffered a death. The loss of function has often been referred to in just that term by various individuals. Or they may feel betrayed by their bodies. It is also important to remember that no one experiences all of these patterns in the same way, in the same order, or even at all. The boundaries of emotion are flexible and there is no rhyme nor reason to their feelings. One stage may be followed by another, or skipped, or returned to for a brief time. It is equally important not to categorize individuals within the framework of one of these stages nor pass off its significance as "just another phase". Nor must we forget to allow that person the right to experience what s/he is feeling. All too often, as concerned persons, we try to "cheer" the disabled person, forgetting s/he has a perfect right to experience the grieving process. Often, one of the most difficult things is to see the light at the end of the tunnel and not give up hope.

Once a person has returned to family and community, s/he may find they are now concerned with issues which had very little import prior to their injury. After all, how many of us have really thought about how many steps there are into a building or how high a curb is if there's no ramp available? It's usually at this point they learn their disability can be assimilated into their self-concept but that the real handicaps are imposed upon them by society--whether architectural or attitudinal. Many find they are disabled twenty four hours a day but are only handicapped under certain circumstances. After all, everyone has a handicap of some kind or other at times during their lives. Some are more visible or severe in others. But the key here is to realize that we all experience situations in which we are at a disadvantage. A disabled person may be more conspicuous within their physical limitations but everyone adapts to his/her own set of limitations. Ever been shopping with someone who's colorblind?

Because there is a certain conspicuousness about physical disability, we sometimes "judge a book by it's cover" without examining the table of contents. And when this happens, certain misconceptions and myths are likely to crop up as a result. Let's take a closer look at what some of those common misconceptions about the disabled might be:

USING A WHEELCHAIR MEANS BEING AN INVALID. For years, we've looked at people in wheelchairs as being old or sick. But the truth of the matter is that, with improved means of medical care, many young people are surviving the initial trauma and are as healthy as the norm. They lead full, productive lives. Indeed, if we want to rely on statistics, studies have shown a decreased rate of absence on the part of disabled employees.

THE DISABLED ARE SAD. Well, we all go through days that are blue whether we're disabled or not and it's reasonable to assume that the emotions and needs of a disabled person do not differ significantly from the able-bodied population. Ask a disabled person why s/he is depressed and you'll probably find the same reasons an able-bodied person might give. Sometimes the frustration of being physically limited might build up (for example, architectural barriers or taking a little longer to do a routine task) but most often you'll find the car didn't start or the dog just tracked up a freshly mopped floor or it's just one of those days.

THE DISABLED PERSON IS "BETTER ADJUSTED". Have you ever heard anyone say something along the lines of "Now that so-and-so is disabled, he'll get his act together."? Or sometimes we believe a disabled person never gets angry, is more patient, and so on. What is really the case is that no earth-shaking transformations take place just because someone becomes disabled. "Once a schmuck, always a schmuck" holds true even in disability. Disabled people experience the same range of emotions as do their friends. Some handle it well, others don't.

THE DISABLED PERSON REQUIRES MORE PATIENCE. Some people feel once a person becomes disabled s/he will always require help or cannot be independent. Depending on the level and severity of the disability (and the initiative of the individual involved), these situations usually improve with increased skills. Modifications to living arrangements and devices make it possible for most people to maintain a large degree of independence and you'll find most disabled persons will strive to achieve that independence and only ask for help when it's necessary.

THE DISABLED NEED MORE LOVE THAN OTHER PEOPLE. Actually, all people need love. The disabled need love also--but not to an excessive degree. Some may also confuse love with pity. Two equally important needs besides love are acceptance and respect.

THE DISABLED DO NOT HAVE MUCH TO LOOK FORWARD TO IN LIFE. Hopefully, with the growing number of positive role models available to newly disabled persons and with society's growing awareness, this myth will quickly die. There have been many great disabled people in history. Helen Keller and Franklin Delano Roosevelt are two among many. And it's being shown that the disabled can lead full, productive, and rewarding lives and their real potential is being realized.

DISABLED ADULTS ARE CHILDLIKE. Unfortunately, some people believe a physical limitation connotes a mental limitation as well and that the disabled should be treated in a patronizing or condescending manner. This attitude appears to be of the same family as the behavior which prompts some of us to talk more loudly or slowly to someone who is blind. Hopefully, with continued education and growing awareness, people will realize that a physical limitation is nothing more than that and does not effect mental capabilities.

DISABLED PEOPLE ARE ASEXUAL. This could be the topic of an entirely different presentation (and is!) but the bottom line is that people are people. Our sexuality means more than just our bedroom behavior--it's who we are, what we think of ourselves, what others think of us. Disabled people experiecce the same kinds of needs as any member of the human race, needs that are both physical and emotional. Sometimes sexual patterns change or need to be adjusted, just as they would for anyone who may become divorced or suffer the death of a partner, but the desire and expression of sexuality remain important issues.

DISABLED PEOPLE LIKE TO BE WITH THEIR OWN KIND. This is an offshoot of the old "birds of a feather" philosophy. The facts are that most disabled people have friends in all walks of life and with various kinds of disabilities just like their able-bodied counterparts. Sometimes people who are not aware of the facts may feel a disabled person should only marry another disabled person or that they are more comfortable with "their own kind". How much of this attitude is a reaction to their own discomfort in not knowing how to interact with someone who may be different? Sometimes it's easier to be with another person who's disabled because they know the issues and don't have to be educated but most people eventually reach the point where their disability is no longer the focus of their lives and they get on with the task of living.

There's no doubt the adjustment process for anyone who becomes disabled is a long, sometimes painful, process. Some do adjust (or cope) better than others. But what can we do to be aware of what's happening, to help when we can? The hints and suggestions are common sense: be alert to that person's needs as a human being, first of all. There will be times when nothing more is needed but good old-fashioned support. Other times will require some assistance--maybe in a task as simple as changing a light bulb which is out of reach. If you're wondering what to do next, ask! You're likely to be more embarrassed than the person answering. How much help is enough? Let's put it this way, if you saw anyone struggling to get through a door or dropping packages, you'd probably stop to help. Use the same rule with someone who's disabled. Everybody needs a helping hand once in a while.

Try to remain aware that although the disabled are indeed a minority, they are essentially able-bodied people who are sitting down. Encourage them, laugh with them, cry with them, let yourself be yourself. Try to remember they're just like everyone else--only shorter.

SOCIAL - SEXUAL ISSUES AND THE COLLEGE STUDENT WITH A DISABILITY

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ABSTRACT

Often feelings about sexuality come up in counseling as relationship or loneliness issues. This paper will discuss the role of the Disabled Student Service office and some of the social/sexual issues.

Often the "sexual" issues that come up in the Disabled Student Center at U.Mass/Boston deal less with sexual function and more with relationships, with emotional needs and social experiences. This paper will discuss the kinds of psycho/social problems which students raise frequently either in formal counseling sessions or in informal conversation -- problems relating to physical appearance, vulnerability, relationship problems, and loneliness.

Who is responsible for providing "sexual" counseling? At our school, the Health Education Center provides that service. We have conducted informational programs jointly and their peer counselor staff has included disabled students. We are fortunate to have a sophisticated resource for accurate information and referral when that is appropriate. But when students initiate discussion of sexual or relationship problems, referral is not always appropriate. People's problems cannot be that easily compartimentalized. To say, that is a sexual issue and I will not discuss it, may be to reinforce the attitude that discussion of sexual issues is not encouraged.

There are several qualities in a counselor that are particularly important in dealing with sexual and relationship issues. The counselor should be able to obtain accurate information and present it in a manner which is not patronizing. Warmth and empathy are important, as is a clarity about the difference between a counseling relationship and sexual relationship. (In our Disabled Student Center, we have adopted a standing rule that there will be no dating between students and staff or counseling interns. The rule was established as part of a professional and confidential standard for counseling, and has served recently to protect us from campus-wide turmoil about sexual harassment.) As counselors, we should be willing to examine our own feelings about sexuality. We have grown up in a society that associates sexuality with guilt, shame and fear — a society that often evidences inappropriate feelings about sex for disabled people. It is important to understand ourselves and be secure about our own sexuality in order to be flexible and understanding counselors who do not impose moral judgements.

Of course, growing into a sexually mature adult is confusing for everyone. And most of the problems are similar for able-bodied and disabled people. It is fortunate that there is now an abundance of literature exploring the dynamics of sexual relationships. In helping a disabled person work through a relationship problem, a rape crisis, a divorce, single-parenting, ect, the literature about able-bodied people or assistance from experienced crisis and relationship counselors can be very helpful. Some problem areas however may be complicated by the presence of disability.

Disability sometimes effects personal appearance. Often parents do not discuss positive physical attributes of disabled children. The world of averted eyes, the encouragement to "hide" or camouflage body parts that look different, all contribute to making full self appreciation very difficult. Many disabled people suffer a basic and chronic pain believing that attractiveness will never be possible. But a friend pointed out to me that, "You are not born feeling handicapped, you learn it." That thought is encouraging--because it implies that it is also possible to learn the opposite, to learn true pride and self-appreciation--through practice, through encouragement and positive feedback, through knowing other disabled people who are fully and proudly enjoying their lives.

Part of learning how to be "handicapped" is learning that disabled people are supposed to be asexual. They are supposed to care more about rehabilitation and vocational objectives than about dating. They are supposed to be "realistic" about marriage and children. Sometimes the prejudice about asexuality is blatant and outrageous. A beautiful woman who used to attend U.Mass. in a wheelchair was in a seminar when a female student walked out. The teacher said, "Now that all the women are out of the room, we can discuss. . ." Sometimes the message of asexuality is expressed more subtly, in the embarrassment of able-bodied people, their reluctance to touch disabled people as if their skin is fragile or contagious.

The success of the movie *Coming Home* suggests that the prejudgement of the asexuality of disabled people may be changing. In that film, the paraplegic man was not only sexually attractive and sexually active, but was also sexually threatening to a marriage. As other minority groups moved from disenfranchisement to demanding equal opportunity, sexual stereotypes changed from benign and sexless to threatening. For example, the asexual stereotype of the lazy shiftless Negro became something quite different when Black people demanded equal access to the vote, the schools, the jobs. A breakthrough has been made in the popular media for paraplegic males. Someday the stereotype of blind and deaf people in sexual relationships will progress from the current movie image of the sweet woman with guts who succeeds through the encouragement of an able-bodied man.

Many of the difficulties in building relationships are caused by the real and projected vulnerability that disability imposes, especially for women. Everyone feels vulnerable in love—any bad judgement hurts more when you really care about someone. But when you are disabled, there are all the extra things to feel vulnerable about.

There are the complexities of sorting out the role of friend and lover from the role of personal care assistant, interpretor, or reader. Will the other person feel free to ask questions, to say "no," to act out of caring rather than sympathy? Will it be possible to ask for help clearly without being embarrassed or embarrassing the other person? What happens if there is a fight?

Sometimes people worry about how the disability itself fits into the relationship. Does he or she love me for myself or because I am disabled? This question implies that such a motivation would be sick or wrong. I do not think that people love each other because of a disability, but I do think it is possible and right to love a man because he is warm, thoughtful, intelligent, blind, and has dark, wavy hair. These are all personal attributes of a whole person. If he were not intelligent or blind, he would be a different person.

When disability is present in a relationship, there are many times when the disability could be awkward or the barriers problematic. For some people, these situations provide opportunities for that precious part of intimacy when they can share a triumph over something that was frightening before. Laughing together to overcome fears creates a special kind of closeness.

The vulnerability to loneliness is, perhaps, the most difficult. The toughest question in sexuality counseling is the question about how to find someone to have sex with in the first place. How do you let people know that you are a "sexual" person? How do you find a lover when you live with your parents? Should you look for a disabled or non-disabled lover, or does that make any difference?

Loneliness is excruciatingly painful. People need other people and when it seems like no one else cares, life is less meaningful. That particular issue can be exceedingly difficult in counseling. It is important to listen thoughtfully and appreciate the pain of the person who is feeling lonely before offerring advice.

I believe that when you are looking hardest for a lover, that seems to be when you are least likely to find one. It is almost as if need a friend *makes* it harder to find one. Friendships seem to develop when you are looking the other way, engaged in activities. People are more attractive when they are active and interested in life. So, while it may sound easy to suggest getting involved in sports or joining clubs, that may be exactly what has to be done to get outside yourself, to build a base of shared experience with other people and also to meet prospective friends. College can be the lonliest place in the world — but there are many things to become involved in at a college, and students should be encouraged to go out and use the school.

College is an important time for experimenting with sexual identity and for personal growth. For many people it is the first opportunity to live away from home, meet different kinds of people, experience the lonliness of realizing adulthood, fall in love, take chances, get hurt, and grow. The experience is both exhilerating and painful. Everyone going through this transition needs access to accurate information in a form they can understand. We all needed support, trust, and a safe place to talk. We all needed to develop a confidence in our right to determine our own sexual lives, and to learn sexual responsibilities through experience and guidance. Disabled students must have the same opportunity.

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APPENDIX

ISSUES OF CONCERN TO DISABLED STUDENT COORDINATORS

At the Denver AHSSPPE Conference, Workshop participants broke into groups and identified areas of concern related to sexuality and disabled students. A summary list prepared by group recorders follows:

Disabled students have problems with asexual image.
Self-confidence—not feeling worthy as a person.
Disabled students vs. non-disabled students sexuality. Establishing communication between both groups honestly. Problems—I'm attracted to you because you're disabled. The kinky disabled relationship.
Rural town--reserved persons do not communicate about sexuality. Idea of talking to a counselor is a negative experience when discussing sexuality.
Weather related isolation. Severe winters lead to problems with mobility—dating is extremely difficult.
Students will not bring up problems. Students feel they know so little that they won't go to a program with important information.
Pressure for total population to perform sexual acts.
Gay and Lesbian orientation is non-existant in most sexuality programs. Opposing view is that heterosexual students are turned off and do not want to discuss it in the group.
Problems identified seem to be problems for everyone, however they may be more severe through attitudinal or physical attitudes.
Question of students who develop a "relationship" with their readers and/or other aides that is not reciprocated.
Uncomfortable about students who cannot verbalize their feelings re. sexuality.
Questions of hygiene, incontinence.
Wheelchair users who do enjoy the freedoms and social aspects available on campus do not want to go home (more so than able-bodied) during vacation periods.
Problem of speech impaired male who has serious problems in communication (some real, some "imagined") and is unable to ask or get someone to date him.
Blind woman who has finally learned how to put on eye make-up and thereby feels better about herself.
Concern about persons who just reject the whole concept of sexuality.
Removing barrier that wheelchair causes between disabled and able-bodied.
Male disabled unable to related to female counselors.
Students lack of sexual identification or sexual expectations, "new morality."
The belief that the appropriate action is to form an instant permanent relationship to cover all ground. Desire to form premature closure. Willingness to accept lousy relationship as better than no relationship at all.
Problem of integrating students socially.
Problems of competition—academic and socially, e.g. getting into fraternities, sororities.
Problem of finding out what people have expertise on campus, e.g. what counselors have special expertise on sexuality, etc.
Problem in expressing desire for an intimate relationship.
Fear of disabled that they will be used in a sexual relationship.
How to get a date if you're disabled.
Disabled women don't go out as much as disabled men. Women have fewer expectations.
Counselor-client vs. intimate relationships.
Parental approval/disapproval of a "child" becoming involved with a disabled person.
Patronizing attitudes.
Disabled persons may skip the adolescent stage—go from child to adult, socially immature.
Hygiene problems.
Participating in workshops, e.g. getting students involved.
Avoidance of the whole issue of sexuality, reluctance to talk about it.
Concern about other disabled people on campus who are "slobs and repulsive,"
Issue of same sex relationships—gay and lesbian.

SOCIAL - SEXUAL ISSUES AND COLLEGE STUDENTS WITH DISABILITIES - WHERE DO WE GO FROM HERE?

Cynthia Kolb Wayne State University

ABSTRACT

Four approaches for dealing with the social - sexual concerns of students with visual and mobility disabilities are presented. Methods include a review of the literature, structural small group discussions, workshops and outreach efforts with responsive medical staff. Program designs are offered as a guideline for developing future workshops.

COORDINATING SERVICE DELIVERY

From the discussion on psycho-social factors that students with impairments may deal with in establishing intimate relationships, it is clear that effectively handling such concerns may be as significant a process as deciding on a career. Coordinating quality services that would address these issues became a priority at Educational Rehabilitation Services. Since I am the only counselor on staff, I soon realized the importance of identifying campus resources that could, through proactive outreach efforts and in-service training, be identified as units with talents in managing people/material skills to meet students' needs. Wayne State University is a large, urban school that offers an ideal setting for the implementation of responsive programming. In building liaisons with other university departments, four components were essential to develop in addressing the dynamics of intimacy and handicapped persons.

First, some familiarity with the literature in the area of social - sexual issues and individuals with handicaps was extremely helpful. There is a tremendous amount of research surrounding sexual responding and the spinal cord injured male and recently articles/books have appeared that discuss the concerns of women with impairments. Eisenberg (1979) and Becker (1978) are two excellent publications that examine not only physical factors in establishing intimate interactions but also interpersonal aspects key in reaching intimacy. Eisenberg's review of the literature highlights the variety of resources available in areas other than spinal cord injury. Becker's book broadens the scope of defining intimacy beyond physical performance to interpersonal factors effecting the social - sexual development of handicapped persons. Her interviews with disabled women provide insight into the aspects underscoring the creation of a sexual self-concept and methods of expression. Other selected articles are listed under Appendix A; the list is certainly not inclusive and may quickly be augmented by an ERIC or MEDLINE search.

As I became familiar with concepts in the area of sexuality and disability, common themes appeared to be the importance of a positive self-concept and body image, the significance of communication skills to initiate friendship relationships that might evolve into sexually intimate experiences and the necessity of students having access to relevant information about social-sexual interactions. Contact with students to encourage discussion of social-sexual issues was, therefore, the second component I identified. An ideal opportunity for such exploration was through an assertiveness/support group of women with visual and mobility disabilities that I had been working with for over a year. Women shared messages they received about themselves as sexual persons, how they perceived themselves as women, experiences they had in dating and concerns about alternatives for social-sexual lifestyles. Group members spent two sessions outlining questions that they wanted to discuss about social-sexual relationships. It is important to note here that women varied in their intimate experiences - some were married, some single and sexually active while others had not engaged in intercourse. A few had not had pelvic exams, yet all women expressed concerns about finding medical staff who respected them as sexual persons, were attitudinally responsive to understanding their sexual issues and had physically accessible facilities. The following topics were suggested for discussion by group members:

1. Awareness of medical staff who have background in understanding sexuality and women with disabilities.
2. Information about various contraceptives.
3. Review of female/male anatomy.
4. Impact of drugs, such as valium, on sexual responding.
5. Discussion of the female/male sexual responsive cycle and how a disability may effect arousal.
6. Methods of body exploration, self-pleasuring and experiencing orgasm.
7. Role of communication in intimacy and maintaining sex relations.
8. Concerns with pregnancy and child birth.
9. Discussion of hygiene.

With the above input from students, plus awareness of resources to deal with such concerns, the need for involvement from sensitive medical staff became quite clear. The third component then centered on locating responsive personnel who were interested in becoming active health care providers for handicapped persons.

Mary Sprik and Pat Natalie, nurse clinicians from the University Health Services who work with family planning and primary care, were contacted. Since their philosophy in providing services promotes awareness of the total person, coupled with sensitivity to individual needs, they were excellent resources to educate about social - sexual factors and disabled persons. University Health Services is part of the Health Care Institute (HCI) a large complex offering a variety of medical services in a central location. Units include Family Practice, Life Stress, plus a full range of primary care. In addition, HCI is part of Wayne State's medical school so the opportunity for educating the medical community about social - sexual concerns of the disabled is also possible.

Initially, Mary and Pat read material available at ERS and spent some time discussing the information with me. Their enthusiasm and willingness to learn were really exciting; they began to gather materials for their own unit and talk with staff in other HCI departments, including Rehabilitation Services for the Blind. In order to become better acquainted with the social - sexual factors of disabled persons, Mary and Pat also developed a questionnaire that was disseminated to women through ERS. Items on the inventory asked for information about respondents' previous experiences with medical staff in receiving information about sexuality and suggestions for improved health care services (materials available on tape or in large print, opportunity to talk with medical staff, presence of attitudinally and physically accessible facilities).

Mary and Pat were, in addition, invited to meet with women in the assertiveness/support group and respond to their outlined topics of concern. The group subsequently met for two sessions in an informal atmosphere that encouraged members to ask questions without worrying about "saying the right thing" or "looking stupid". Since most women had visual or perceptual impairments, life-size models of female/male anatomy and various kinds of contraceptives were used throughout the meetings. During the initial session, for example, a model of female internal/external genitalia was passed around the group. Mary and Pat guided each women's hands over different structures, identifying their location and function. With contraceptives, an IUD was circulated, first by itself and then in a plastic cross section of a woman's uterus. Women subsequently could feel how an IUD would fit when properly inserted.

At the second session, the nurse-clinicians brought lifesize models of male genitalia, female breasts and a woman's lower torso. Discussion focused on understanding the structures - the models were a needed base for learning about sexuality for some women who, because of their visual impairment, had never really seen their bodies or male anatomy. The one to one contact that Mary and Pat had with women as they examined the models facilitated the flow of questions. Throughout both sessions, approaches for dispelling sexual myths and learning about one's body were highlighted. With such knowledge, women could then gain confidence in interacting with medical staff.

Women in the group early on joined in problem solving efforts to resolve some of their sexual concerns. For instance, in specifying various body changes and warning signs during pregnancy, Mary and Pat discussed spotty bleeding as a signal to watch for. A woman with a visual impairment would need to learn ways of monitoring her body for such a change. Group members, therefore, were asked how they currently checked their menstrual flow. Some could sense the difference in their bodies between vaginal and menstrual secretions. Others suggested having a husband/partner watch for spotting. Familiarity with additional body signs that might suggest complications, such as inconsistent weight gains, swelling or cramping, also were suggested guides to use in maintaining a healthy pregnancy.

Women stressed the importance of having all family planning material available in large print and on tape. Being familiar with one's body, therefore, was seen as essential and it was apparent that many women were just beginning to accurately know themselves. A gap in their learning processes appears to be due to a lack of accessible materials and responsive staff. Having non-print versions of handouts and making sure that examining rooms are physically accessible (e.g. hydraulic examining tables, adequate space to maneuver chairs) were recommended. Women emphasized the value of respect from their health care providers; in fact, having information about their specific medical needs related to sexual expression was not nearly as important as was the attitude of the medical staff. Personnel who asked for the womens' input about handling problems were invaluable, so that a co-operative effort in coordinating care existed.

A final example of how the group became an excellent resource for problem solving came out in discussing pelvic exams. A group member suggested the use of closed circuit T.V. so that a woman could observe the examination process on a monitor; the enlarged picture would allow a partially sighted woman to view her body closely. Access to enlargers was also recommended in order for more visually impaired persons to use print materials.

With information from both group sessions plus the questionnaire, Mary and Pat became increasingly committed to designing accessible programs for women and men with disabilities. Their investment of energy has made my initial outreach effort seem like a small step! Since they have become so involved with a program for disabled persons, my role currently is that of consultant. I now feel very comfortable in referring students to Health Services for family planning materials. Since Mary and Pat have done their own in-service to acquaint all personnel - from the secretary to other nursing staff - about the concerns of disabled persons, it is clear to me that their unit is working towards attitudinal accessibility. They are also developing a list of local people skilled or interested in sexuality and disability, plus have written a brochure describing their services. Certainly, putting in a hydraulic table is much easier than facilitating staff sensitivity and ease in working with disabled persons. The liaison with HCI is a good example to me of how valuable effective people resources are in working with disabled students!

In realizing the need for information about social - sexual relations to reach students, it seemed appropriate to also plan a workshop that would reach both men and women with disabilities. The fourth component, therefore, of coordinating services focused on designing an all-day program for students. The co-facilitator of the workshop was Gary Calvin, a staff person in a local family planning program and graduate student in Human Sexuality. The program was designed to explore the process of intimacy - how disabled persons learn about their social/sexual selves, establish friend/dating relationships and define a meaningful social - sexual life style.

Six men and seven women attended the workshop, which lasted from 9 to 4pm. A program agenda is included (see Appendix B) and from the activities, it may be noted that an attempt was made to use the group itself as a model of intimacy. How participants communicated with each other during the day was examined and members were encouraged to draw on one another as resources for understanding the process of establishing interactions.

In order to encourage the growth of trust within the group, small group exercises were arranged to build on each other. Initially, participants were divided into groups where they discussed definitions of sexuality and the origin of such ideas. Each group was also asked to come up with one definition of sexuality. After completing the task, time was spent reviewing the definitions plus examining how people felt about the way they communicated - what they liked and didn't like, what role they assumed in the group. Members were asked to be aware of their communication styles throughout the day.

Participants then focused on understanding sexual roles - what they were taught about being a man or woman and how those ideas influenced their experiences in intimacy. We subsequently moved into a discussion of the steps in establishing sexual relationships - meeting people, having access to transportation, knowing about activities that one can enjoy with a partner. As the day progressed, ways to affirm one's positive self-concept and body change became vital ingredients to establishing intimacy - not the ability to perform sexual gymnastics! The risks that people took in sharing their dating experiences and touching each other during the afternoon's milling exercise were hopefully constructive experiences for participants in reaching out - in expressing a need and having it met with some understanding.

Developing approaches, therefore, for working with disabled students on social - sexual issues involved awareness of appropriate literature and active outreach/educational efforts. Information about the process of intimacy is considered equally important as knowledge about physical responding. Skills in communicating needed assistance to a partner, affirming sexual attractiveness through an individual sense of a positive body image and defining a personal sexual lifestyle are facilitated by workshops, access to related articles and input from responsive medical staff. In educating students about their social - sexual alternatives, rights and responsibilities, the personal well-being that stems from satisfying intimacy is emphasized. And a belief in students' ability to choose a meaningful sexual lifestyle is upheld.

APPENDIX A

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APPENDIX B

WORKSHOP ON INTIMACY FOR DISABLED COLLEGE STUDENTS

Goals:

1. Learn about selves sexually, socially (i.e. roles)
2. Explore process in intimacy
3. Identify communications skills in intimacy
4. Discuss how intimacy fits into one's lifestyle
5. Use group as model in itself for how intimacy can develop

Time	Activity
9:15-9:30	Introduce agenda - brief overview, general goals (ours, theirs), expectations of participants. Expectations (facilitators): 1. Confidentiality 2. Names - first names 3. Disclosing - sharing 4. Risks - experiment, willingness to participate 5. Interact - talk, listen without reacting (verbally judging, moralizing) 6. Discuss piggybacking (encourage I statements) 7. Focus on what's happening in the group and themselves, their partners or related situations 8. Be sensitive to others - we trust your judgement 9. We're not there to solve problems 10. Drop campaigns or agendas (e.g. no one will accept me or want me; how terrible it is to have a disability - negative monopolization) Expectations (participants): 1. They are to solve own problems, assist others and learn to ask for help

9:30-10:30 Beginning activity - 3 parts done in small groups

1. Discuss - when we say sexuality, what do we think of; what is our first response?
2. Where did these thoughts/ideas come from?
3. Which ones do you want for your difinitions?
    a. Individually pick 2 or 3
    b. Give one for group to incorporate in its definition and report to large group

Process activity

1. What patterns in exercise, in yourself and in the group are you aware of?
2. What did you notice about your interactions? Were you happy, satisfied; what would you have liked to do differently?

10:30-10:45 Break

10:45-11:05 Sex role activity (in dyads)

1. Look at androgeny, femaleness, maleness
2. Examine traditional roles, role want for self; how can person get to place he/she wants to be

11:05-11:20 Process information from dyads. Then discuss how dyads are examples of intimacy; how was experience similar or different.

11:20-11:40 Then move into discussion of process of sexual intimacy.

1. How does a person get to the point of intimacy
2. In small groups (?). Where ideas about steps towards intimacy and blocks for sexual closeness (e.g. problems with mobility, communication)

11:40-12:00 Have people talk about process in large group. One general theme that may come out of experiences are communication skills (initiating relationships, maintaining conversations-which people have done all morning!)

12:00-12:20 Learning about communicating may involve being aware of non-verbal and verbal ways we interact - especially how we attract others and feel attractive

1. Do milling exercise
    a. First have people move around without contacting anyone
    b. Then have them contact each other non-verbally and then verbally
    c. Have members process each step with themselves
2. After end of milling exercise ask people to be aware of their styles of interacting; how they felt about initiating movement or being passive; how they saw their role; what they responded to in attracting someone or being attracted to another person

12:20-12:30 Affirming attractiveness in dyads - give each other positive feedback/compliment

12:30-1:45 Lunch. No afternoon break; be aware of sex communication and sex roles at lunch

1:45-1:55 After lunch, discuss any awareness of communication and sex roles.

1:55-2:25 Since part of intimacy is handling rejection, next do memory scan. Think back to one or two times in the past when you have been rejected. What do you remember about it; how old were you? What other things were going on in your life? What made it especially difficulty? How were you feeling at that time? Do you think the other person was feeling similar in any way? How did you cope with the situation? What did you do to minimize/maximize the hurt or pain? How did it affect the way you do things now? How has it affected the potential for other relationships? What did you learn from it?

2:25-3:00 Maintaining or enhancing relationships - validations, communications, touching(hand)

3:00-3:50 Concerns initiating and maintaining sexual activities. Types of difficulties (needs assessment); options for sexual expression

3:50-4:00 Summarize - closure

COORDINATING AND COUNSELING IN COMMUNITY COLLEGES: UNIQUE CONCERNS

Rubin Russell, Northern Essex Community College

ABSTRACT

A brief overview of the mission of community colleges was presented, and some previously identified concerns of particular importance to community college personnel were given. A number of additional concerns were then identified and discussed freely by the session presenters and participants. These are described here under the categories of "Program Organization and Administration," and "Student Services." The unique role of community colleges in the education of students with disabilities is examined. Of particular concern is the "Open Door" policy of many colleges, and also the emphasis on vocational-technical career programs with regard to "reasonable accommodations."

PROGRAM ORGANIZATION AND ADMINISTRATION

Thirty-nine people representing thirty-one institutions from twenty-two states and Puerto Rico attended the two sessions on this topic. The participants attending this program were fairly evenly divided between those new to the field of handicapped student service programs in postsecondary education, and those experienced in this field. In both cases many people were the individuals who were responsible for initiating the program at their respective colleges. Thus, there was much interest in the details involved in the origination and maintenance of a handicapped student service program at a community college.

1. How Do You Get a Program Started?

One of the most important components of a successful, new program is publicity. The community needs to know that services are available and the college welcomes the student with special needs. This can be done by contacting high school guidance personnel in the college's service area; getting articles in the community newspapers and/or other media; contacting the various rehabilitation agency and veterans' services personnel; and of greatest importance, getting the word out directly to the community of people with disabilities.

Programs have often been started by an individual already employed by the college in some other capacity, who perceive a need and begin to meet it. Quite rapidly the demand for those services then grows to the point of requiring at least a half-time or full-time person working exclusively with students who have handicaps. The Community College of Denver with more than 100 people employed, including 50 full-time, in handicapped services, had no program just twelve years ago.

2. How Do You Identify New Students, or how do you communicate your program?

Much of this can be done through an effective program of community education, as discussed above, so that many individuals will be aware of the college's services even before they apply for admission. Another extremely effective means of reaching students entering the college for the first time is to include a brief description of the program in the college's first correspondence with each student, e.g. - with the letter of acceptance or notice of registration information. This method is consistent with the requirements and spirit of Section 504. One college has an "Intake and Referral Counselor," who visits high schools and recruits. Another school has a program whereby they bus hospital patients, usually spinal cord injured, onto the campus two days/week.

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*The present paper was written by the author based on the contributions of many participants. Particular appreciation is given to Liz Avalos, Community College of Denver and Merrill Parra, Queensboro (NY) Community College, for their assistance.

3. How Are Handicapped Student Service Programs Funded?

There are probably as many variants of this as there are programs, but a number of essential elements can be identified.

A. Regular college line-item funding for staff, equipment, supplies, etc. This is probably the most desireable as it is the most permanent, and most indicative of a firm institutional commitment to the program.

B. Grants from various state agencies, such as the Department of Education (often through vocational education) and the Rehabilitation Commission. These are often long-term and can be used for purchases of equipment, such as vans or TDD's as well as for staff.

C. Contracts from Vocational Rehabilitation or Veteran's Administration. A number of colleges have worked out a flat-rate fee for services rendered to each VR client.

D. VR support of services for each client on a case-by-case, as-needed basis, e.g. - interpreter, adapted transportation, readers, etc.

E. Various "soft money" sources of support, including federal grants and private foundations. Generally used for special, short-term projects.

F. Specific line item budget allocations from the college's usual source of operating funds; e.g., Northern Essex received a one-time allocation from the Massachusetts legislature to remove all major architectural barriers on campus.

G. Student Activity Funds are an often overlooked, readily available source of support for things such as a newsletter, student travel to extracurricular activities, subscriptions and memberships, etc.

H. Extensive use of college work-study and volunteer help.

I. A small, but growing number of institutions are including the cost of support services for students with disabilities in the operating budget of each department. This appears to be a very desireable way of genuinely "mainstreaming" handicapped services into the institution; and it has the added benefit of avoiding a single, large budget line item exclusively for "handicapped services."

4. How Do Multi-Campus Community Colleges Structure the Delivery of Services?

This varies usually according to the stage of development of the program at the college. Initially, there has often been one campus which was made accessible and the handicapped services office gets located there. Then the staff begins moving around, working out of different locations. In a large, well-developed program, there will be a central administration of services with a coordinator and other staff readily accessible at each campus.

5. What is the Background of Personnel Working in Handicapped Student Service Programs in Postsecondary Education?

Unlike the primary and secondary levels, there is no history of people trained to work in "special education." Consequently, those working in this field come from very diverse backgrounds. Often they have received training in Rehabilitation Counseling or previously worked in some area of rehabilitation, such as in a VR agency. Probably even more often, people serving as counselors to, or coordinators of services for students with disabilities come from elsewhere in student services, and are likely to have degrees in Educational Counseling. Yet another group that appears to supply a significant number of handicapped services personnel are the Health Coordinators, or College Nurses. Others who staff programs come from the ranks of deafness interpreters, from college students with disabilities who stay on after graduation in newly-created paid positions, and lesser numbers from many other backgrounds. The non-"rehab." people are likely to be the first ones in their colleges to deliver the necessary services and thus create a new "program." As the field matures a new profession is likely to be developed, no doubt combining much of the variety of backgrounds involved to date.

6. How Do You Obtain the Support of Those Upon Whom You Depend?

To a large degree, this is addressed by Pat Marx in her presentation, "The System is the Solution." But a couple of important basic facts of life should always be kept in mind. The first is that the support of all elements of the college community is essential to an effective handicapped student services program. This includes not only the students, faculty and administrators, but the clerical, maintenance and security people too. Second, it is always helpful to have the administrators, particularly at the highest level, in support of your program. This can only happen if they are knowledgeable about the program, and that is your responsibility. Do not only go to the President in times of crisis, but keep her informed at all times. Third, it is essential to remember that the community college by definition is heavily dependent upon the political process of state or county or district government. It thus makes a great deal of sense to have the relevant politicians supportive of (read: knowledgeable about) your program. Not only send them information, but invite them to visit, and while they are there have the local media come to interview and photograph them. They need this support from you to help get re-elected, and you can use their help to obtain or continue funding. Similarly, it is important to establish and maintain a good working relationship with those in the community in a position to refer students, help train them, give them employment, etc.

7. How Can the College Work Best with the Vocational Rehabilitation Agency/Staff?

There are many ways of dealing with VR staff; some of them good. College personnel often have many complaints about VR policies and personnel. Two specific ways of developing satisfying, cooperative relationships were presented. The "Texas" model presented by Ann Williams Lemke is based on the concept of a "courtesy counselor." There are two "courtesy counselors" who are responsible for all the VR-sponsored students; Ann never deals directly with the students' home counselors. The "Denver/Illinois" model presented by Ken Bosch is based on the concept of a VR counselor assigned to a specific college, and who becomes the VR counselor for all VR clients at that school. Depending on the caseload, the counselor might be located on campus full-time, or as little as one or two days/week. The only cost to the college is the space and furniture provided. Telephone costs might be assumed by the college, but all other costs including secretarial are picked up by the VR agency just as they would for any other clients. One of the biggest advantages to this is that the VR counselor gets to know the college well, and develops strong relationships with the college staff. This assignment is generally regarded by VR counselors as highly desireable and they compete to get it.

STUDENT SERVICES

There are many concerns regarding the needs of students with disabilities which are unique to the community colleges. There are others which may not apply exclusively to community colleges, but are nonetheless important and were treated in these sessions.

8. Because of the Strong Emphasis on Technical and Vocational Programs How Do Community Colleges Deal With the 504 Requirement of Reasonable Accommodations?

Reasonably. Actually the wording of the law provides considerable guidance. It implicitly calls for implementing a whole new set of written, explicit standards to replace the unwritten, implicit and often not fully conscious standards previously applied to applicants, students and candidates for graduation. Whereas "academic standards" have been specified explicitly for a long time, the "technical standards" used in the various vocational programs have almost never been clearly spelled out. More often than not they could only be given as negatives. For example, virtually no nursing program had any written technical standards prior to 504, but if someone in a wheelchair or on crutches tried to get in, they would be refused because they could not lift patients. College facilities now have to sit down and clearly identify precisely those necessary, reasonable, defensible, academic and technical standards against which all students are measured equally during the application process, for successful completion of each course and for successful completion of the program. Only then will we be able to determine whether a "reasonable accommodation" can be made.

9. The "Open Door" Policy: How Do We Meet All the Challenges?

(Note: The "Open Door" policy refers to the policy of a number of states that anyone who is a high school graduate OR eighteen years old can enroll in a community college. Some states require a high school diploma or equivalent to enroll.) The "Open Door" policy has the potential for bringing in large numbers of students who are incapable of doing college work as it is generally understood. One of the most serious questions this raises is: to what extent must we provide support services? The example was given by Ken Bosch of a student with a learning disability who had no reading skills and no writing skills. Is the college obligated to provide her with a reader and a scribe, as it would for a student who cannot read or write due to physical disabilities? How does the handicapped student services office deal with faculty who want to know what this person is doing in college? What benefits are there to the student? These are just some of the questions being raised, for most of which we do not yet have well worked-out answers. One thing that does seem clear is that there are distinct benefits to be gained by an adult being educated in the age-appropriate setting of a college. There can be important benefits derived from the environment and the socialization with peers.

10. What are a Community College's Responsibilities to People Who are Mentally Retarded?

There are perhaps six to ten colleges around the country that already have well-developed programs for this population. Most of these have programs of special, non-credit courses which do not lead to a degree. One school, Central Piedmont Community College, Charlotte, NC, reported a "Program for Slow Learners," wherein students who are mentally retarded, or slow learners, have a special counselor and they can take regular college courses. The example given was that of someone who might take some of the regular courses in the Food Science Technology curriculum and get a Certificate rather than a Diploma, but most importantly would get a job, often even before completing the one-year program. The Program sometimes provides aides or tutors in the classroom. The subject of educating mentally retarded people in community colleges appears to be one in which there is a great deal of interest and which should be explored in greater detail in future conferences.

11. Shouldn't Handicapped Students Have the Right to Fail?

It appeared to be the concensus of the participants that while a student with a disability should have the same "right to fail" as any other student, it is the job of the handicapped student services staff person to provide information and guidance to help minimize the chances of failure.

CONCLUSION

Community colleges continue to have a unique role to play in the education of students with disabilities. The community colleges are often the first place the handicapped student considers for higher education, and the challenge of meeting the needs of new populations continues to keep pace with the progress being made in serving the now more "traditional" disability groups. These and many other issues of serving students with disabilities in the community colleges require closer examination. It is suggested that future conferences include sessions which will treat in greater detail the needs of people who are mentally retarded and the question of "reasonable accommodation" in vocational-technical career programs.

CONCERNS UNIQUE TO COMMUNITY COLLEGES WHICH SERVE HANDICAPPED STUDENT

Kenneth L. Bosch, Community College of Denver

INTRODUCTION

Community Colleges have been developed across the nation to assist their respective counties in meeting the educational needs of youth and adults within the community. They are dedicated to the concept of accepting all individuals who can benefit from the educational programs of the college.

In general the role of a community college is:

1. To provide educational programs to meet the occupational needs of youth and adults in technical and vocational fields.
2. To provide educational programs which will enable students to transfer to four-year colleges or universities.
3. To provide other educational opportunities for youth and adults including developmental programs, cultural opportunities and community services.
4. To provide services that will assist students in the identification, selection and accomplishment of their educational goals.

With the implementation of Section 504 of the Rehabilitation Act of 1973, handicapped youths and adults within the community were also guaranteed the same opportunities to participate in the functions and services provided by the community colleges. This long awaited legislation, however, has brought forth many concerns for post-secondary institutions. Many of these concerns are quite unique to the community colleges across the nation. It is the purpose of this session to encourage a free discussion of such concerns, as well as a sharing of problem solving techniques with community college personnel who no doubt often share similar situations.

Although not exhaustive, the following list of concerns is presented for initial discussion:

1. The acquisition of transportation to and from the campus for severely disabled students.
2. Effective methods for the identification and recruitment of non-traditional students, or outreach admissions.
3. The provision of non-institutional services for handicapped persons within the college community.
4. Attendant care in non-residential institutions.
5. Preparation of handicapped students for transfer to four-year institutions.
6. Appropriate utilization of the "open-door" policy for handicapped students.

Through the discussion of such topics, it is anticipated that more effective methods of serving handicapped students within the community college system can be developed.

JOB PLACEMENT ASSISTANCE FOR THE HANDICAPPED STUDENT ATTENDING A POSTSECONDARY INSTITUTION

Valerie E. Brew, Southern Illinois University at Carbondale

The implementation of Section 504 of the Rehabilitation Act of 1973 has paved the way for handicapped students to have the choice and freedom to attend institutions of higher education. Colleges and universities around the country are in the process of making major structural changes to enhance accessibility for the handicapped student. Although progress is being made to improve the lives of the handicapped person, employment prospects remain rather dismal. It is therefore extremely important for postsecondary institutions to provide special placement assistance for the handicapped person under the auspices of the university placement center. The placement office can assist students in the preparation of resumes and other job search techniques. Yet, the handicapped student has unique problems that require familiarity with circumstances that the able-bodied student in comparison would never have to be concerned with. As the Placement Specialist at Southern Illinois University at Carbondale, it is necessary to be knowledgeable about many facets of job hunting, particularly as it relates to the student with a disability. For example, during the months of preparation to obtain a job, most disabled students at one time or another will ask the following questions:

Should I indicate on the resume that I have a disability?

Many students elect to delete this information from the resume on the premise that a disability might frighten an employer who may have been impressed with the student's qualifications but hesitate to interview the person after reading medical terms such as quadraplegic, paraplegic, etc. On the other hand, some students with disabilities feel more comfortable if an employer is made aware of the handicap. They believe that it is best not to shock an employer during the initial interview.

What should I do if the employer wants to talk about my disability and strays from the subject of my qualifications?

Many times employers are amazed that handicapped individuals can drive or function in a capable manner. It is not uncommon for the employer to sometimes stray from the main purpose of the interview because he or she may have never interviewed someone before. When a situation like this occurs, the handicapped person must gain control of the interview. This can be done simply by referring to some work experiences on the resume or asking a direct question about the job in question.

Is it possible to transport my electric wheelchair on a plane when I go for an interview?

Handicapped people can take their electric wheelchairs on a plane if they find an airline that is willing to do so. Waiver 173.250 states that airlines are allowed to transport handicapped persons and their electric chairs provided that certain safeguards are met, such as: disconnecting battery terminals; taping shut the acid caps; securely storing the battery.

How can I locate transportation when I am in the area?

Call directory assistance and ask the operator to look under van services. If no van service is listed, contact a rehabilitation agency or an ambulance service.

How can I locate attendant help when I move to a new area?

Advertise in local newspapers, contact a mayor's office for the handicapped, put signs up in hospitals, try to locate a consumer advocacy group in the area, contact a Veterans' Hospital, and in some cases the area may have established independent living centers, or a designated agency to help recruit attendants.

Many employers, as was mentioned before, have never interviewed handicapped applicants. This can be a traumatic experience for the employer as well as for the disabled person. It is a well documented conclusion that what is not understood is frightening and consequently rejected. Understanding is the ingredient necessary for acceptance to occur. The inaccessibility of many of our large metropolitan areas has hindered many disabled persons from taking part in day to day activities. Prior to the implementation of Section 504, a majority of the handicapped population attended specialized schools that isolated the handicapped from associating with able-bodied peers. Handicapped persons have not been highly visible. The media has contributed to the many stereotypes that surround people with disabilities. The media has usually depicted the handicapped person as sickly and requiring constant attention. On the other hand, the media has also given the general public the mistaken impression that disabled individuals are endowed with mystical powers. It is therefore important for the general public to realize that disabled individuals have the same needs and desires that everyone else has. Employers, particularly, must be made to understand that the abilities of handicapped individuals outweigh the limitations. The Career Planning and Placement Center at Southern Illinois University at Carbondale has had a special placement program for the handicapped students since 1976. The recruiters that have interviewed the handicapped students have frequently asked the placement specialist the following questions:

The job entails forty hours of work per week. Will this be too strenuous for the handicapped person?

The handicapped person applying for the position knows his/her limitations better than any other person. The employer should direct all questions of this nature to the person in question.

Our company is located in a state that has severe winters. I don't believe a person in a wheelchair could manage during the bad months!

It's true that winter months are difficult for most handicapped individuals. This does not mean however that a handicapped person cannot manage. Handicapped persons do not hibernate during bad weather; they still attend classes, work, travel, etc.

I'm sure a person using a wheelchair couldn't push through the snow. Wouldn't it be impossible?

It is not impossible! Handicapped persons can and do trudge through mounds of snow.

I have never interviewed someone handicapped before. Where do I begin?

Begin at the beginning. Interview the disabled person like you would any other person who is applying for a job. Concentrate on the person's qualifications.

If I do employ a disabled person, how will that person get to the job?

Many handicapped persons are able to drive with special adaptations. Blind persons either use public transportation or have made other arrangements to get to and from their place of employment. It is the handicapped person's responsibility to work out the arrangements for transportation, not the employer's.

The above questions are just a sampling of the type of queries that are asked by employers.

There is a definite need for a greater awareness of the technology that is available to assist handicapped persons. A sophisticated adaptation may make the difference between someone being employed or not being hired. For example, a totally blind student with cerebral palsy that had attended Southern Illinois University-Carbondale read his computer programs with an Optacon. Many employers indicated a need for computer programmers with his skills, but stated very quickly that their computers did not have a braille read-out. The student would then proceed to demonstrate his Optacon, which is no larger than a cassette player, to illustrate how it enabled him to read any printed material. Assistive devices can enhance a person's employability and help the handicapped person to be more productive and independent.

The placement counselor that works closely with a handicapped college student should help the handicapped person attain maximum independence. Developing communication skills will also help a handicapped person secure employment. If the handicapped person has cerebral palsy or another disability affecting speech, the person should learn to write well by using a typewriter or speech board. A positive attitude will enable the employer to feel more at ease with the handicapped person. The placement counselor should also be aware of the financial benefits that a handicapped student may be entitled to. For instance, when a handicapped student has a job interview and is a client of the Department of Rehabilitation Services, this agency will pay for the transportation, lodging, and food expenses that are incurred. If the student is a recipient of Social Security Disability Income or Supplemental Security Income, he/she may be eligible for a "Trial Work Period" for a nine month period and be able to collect the benefits while employed.

In summary the university placement office holds the greatest potential for assisting handicapped college students in their job search. Resources pertaining to adaptive equipment, accessible housing, and driving modifications should be maintained on file for the handicapped person's perusal. Handicapped persons can, if given the opportunity, make significant contributions to the labor force. Institutions of higher education must implement special placement programs so that handicapped individuals earning baccalaureate and other advanced degrees can take their rightful place in the labor force.

CURRICULUM ADJUSTMENT AND CLASSROOM ACCOMMODATION OR...WHAT MAKES FACULTY RUN?

Jane E. Jarrow, Ohio State University

ABSTRACT

Classroom adaptations and appropriate curriculum adjustments for handicapped students are viewed from a faculty perspective. Included is a discussion of procedural difficulties experienced by the instructor, as well as common fears of the teaching faculty which stem from lack of knowledge about/experience with various handicapping conditions.

CURRICULUM ADJUSTMENT AND CLASSROOM ACCOMMODATION OR...WHAT MAKES FACULTY RUN?

I was asked to speak this morning about classroom accommodations and curriculum adjustment from a faculty point of view. I started out determined to discuss technical problems in classroom accommodation, rather than discussing attitudinal barriers, since attitudinal barriers are to be discussed elsewhere in the conference when we deal with in-service training. I eventually decided that it was impossible not to talk about attitudinal barriers to some extent, since the instructor's attitudes (or, more often, his/her lack of sophistication concerning handicapping conditions) is what is behind some of the hesitation and questions as to how to make appropriate accommodation. Nevertheless, there are some strictly technical difficulties for faculty which you, as a service provider, may not have considered.

First, let us talk about adaptive testing. One very real concern to most university instructors is being "fair" in testing. This is not just an ethical or philosophical consideration, but a legal one as well. You, as service providers, are concerned only with appropriate testing for the handicapped student. The faculty member is the instructor to a lot of non-handicapped students, too. In these days of student rights, student advocacy and faculty malpractice suits, many instructors are understandably fidgety when making changes in testing procedures which might leave them open to criticism. There are security concerns if the adaptive testing is to be done at some time other than regularly scheduled test time--how do you keep the answers/questions from leaking out? If the test is a timed test, and the appropriate accommodation is an extension of time limits, what does the instructor say to the non-handicapped student who did not have enough time to finish? These are not reasons for denying accommodation, but they are honest questions from the faculty person which may be anticipated and must be answered.

What about tape recording? There are several functional limitations which make the recording of lectures an appropriate classroom accommodation. As an instructor, I love it. I am a born showman, and the idea that someone is recording my voice to go back and listen to again later appeals to my theatrical soul. There are many professors, though, who do not feel like that. There is an old saying that "if you don't say it, they can't repeat it!" In the context we are discussing, that can be extended to say "if they don't record it, they can't prove it!" We had a very unfortunate incident take place in our dental school recently. A female first-year dental student (who was, by the way, able-bodied) was recording a lecture so that she could go back and review it later. She heard what she felt was a sexist remark by the instructor. She took the tape of the lecture to the Dean of the dental school, and the faculty member eventually got his hand slapped -- nothing serious, just a warning to watch himself in the future. The instructor was justifiably angry and announced the next day that no one would ever record one of his lectures again. Eventually, he cooled off and relented the decision, but the net effect was to make this instructor, and every other faculty member who heard about the incident, keenly aware of some of the potential hazards of allowing tape recording. There are also some instructors whose lectures represent unpublished works which they fear being released to someone else inappropriately.

The purpose of having a student record a lecture is strictly educational. The faculty member may be understandably concerned about other ways in which tapes might get used. Perhaps these fears could be alleviated by drawing up some kind of contract between student and faculty member which spells out how and why taping is to be done and what will happen to tape recordings after they have been used for review by the student.

Then we come to interpreter services for the deaf student. The instructor's concern is likely to be one of attention factors. The professor may feel that having an interpreter in class will be distracting both to the lecturer and to the other students. If you are being honest with yourself, you will probably admit that this is often true at the beginning. Like any other unusual situation, as soon as the novelty wears off, so does the danger of hampering classroom performance. We are not talking about the long run, however, we are talking about the here and now. How do you convince the instructor to give the situation a try? You might try having a conference with the instructor at which an interpreter is present. Once he/she sees how little effect there is on the ability to communicate when that interpreter is present, the instructor is more likely to be amenable to the student's needs.

What about making accommodations for the visually impaired student? I think this is the place where you may be asking more in terms of actual changes in teaching style than with any other handicapping condition. Many of the other accommodations for students require only passive approval from the instructor. This time, you are asking the instructor to do things differently, to avoid so many visual references and to take more care in the preparation of handout materials. Moreover, one of the few techniques the instructor may have been taught for improving teaching effectiveness is to add the use of audio-visual materials. Now you are telling that instructor that the overheads to which he/she has devoted hours, and the slides which took weeks to compile are inappropriate teaching tools for this student. It is a little bewildering, to say the least. Actually, you are not asking the faculty member to eliminate visual materials, but rather to supplement them with verbal cueing, and most of the accommodations appropriate for the visually impaired student are good additions to overall teaching effectiveness -- but you cannot, at the beginning, approach the faculty member by saying "this is going to make you a better teacher." The inference is that the current teaching needs improvement, and even if that is true, stating it is not a good way to win friends, and influence people! Instead, try assuring that faculty member how closely you (and other support personnel) are willing to work with him/her to bring about the "few little changes" that will make such a big difference to the student. I recognize, as do you, that legally the faculty member must comply in providing accommodation, but hitting him/her over the head with that knowledge is not likely to gain nearly as much help and cooperation for the student as will flattering the ego. It may not be as forthright an approach, but it seems to me to be a lot more politically sound! If your object, in this given situation, is to help that student get what is needed in that class with that professor, then I would suggest you put your philosophical stand and legal rights on the back burner and do whatever is necessary to receive accommodation now. Later, during your in-service training, you will have a chance to wage war on attitudes and parade your beliefs in the advocacy movement. Now is the time for temperance, not temperament!

Most hesitations/objections to accommodation for mobility impaired students seem to stem from tradition; the "but we have always done it this way" approach. In this case, I would suggest you try to help the instructor cue in on the educational purpose of the experience, rather than its physical requirements. In a chemistry laboratory experiment, what is likely to be important is observing the appropriate reaction, not pouring from one test tube to another. Other concerns are likely to stem from an honest inability to see how a situation can be handled from a wheelchair, rather than from a rigid refusal to allow the student to try. Have the student and the instructor sit down together and discuss the alternative courses of action -- and be prepared to answer questions about the safety aspects of the conduct of the task. Whether you are speaking of mobility impairment, visual impairment or any other functional limitation, you may encounter faculty who are concerned with physical danger to that student and fellow students and who are concerned with their legal responsibility for the safety and well-being of their class. It is a concern that you share as a service provider, and safety seems to be one of the "hot" issues around in our field today. Again, I would suggest that you leave the grand solutions to the question for later and adapt a problem-specific approach that will allow you to assure safety for that one student in that one instance in order to alleviate that one professor's concerns.

Occasionally, you may find a faculty member who insists that accommodating the handicapped student requires too much time. I believe in most cases this is a cop-out. It is an expression of concern on a quasi-legitimate basis which masks some insidious attitudinal barrier which the instructor is smart enough to realize cannot be expressed openly. I have less concern and less patience for this faculty member than the others we have discussed, but I still think the best way to solve the problem is not to challenge the instructor but to accept the expression of time concerns at face value, then proceed to destroy it by demonstrating the minimal time demands required. If the instructor has stated that time is his/her only concern, and you do away with that concern, you have innocently(!!!) forced the instructor to accept the responsibilities inherent in making other accommodations.

I would like to reiterate that I do not believe that either you or your handicapped students should be forced to forego accommodation because of faculty stubbornness or lack of cooperation. The student has a right to that accommodation and you, presumably, have the means to enforce it. Perhaps, however, you will be more successful in receiving cooperation if you convince the faculty member that program access can be provided without making major changes in requirements or curriculum. Providing accommodation does not mean getting out of anything; it means making it possible for the student to get into the mainstream of academic life by making course work and classroom participation possible.

GUIDELINES FOR CURRICULUM ADJUSTMENTS

Barbara G. Hummel, Portage, Wisconsin

ABSTRACT

A philosophical framework for determining curriculum adjustments, based on the premise that the student plays an active part in arranging for his/her needs, is discussed. Four methods of approaching the need for adaptation are presented, each with the same philosophical base. Roles of participants and opportunities for student skill-building are outlined.

Curriculum adjustments are all in our heads! That is to say, classroom adaptations are the product, not the figment, of our collective imaginations and ideas. Once energies are focused on the resolution of a particular situation (versus perseveration on the obstacles), there are solutions for most classroom adaptations that will both enhance handicapped students' participation and maintain valid academic criteria.

Given the fact that there will always be variation to accomodation in order to meet individual needs, it is important to have a consistent philosophy in approaching classroom adaptations. One such approach, with four variations, is described below.

PHILOSOPHY

The underlying principle of this approach to adaptations is that students with disabilities must play an active part in managing or arranging for their specific needs. Making specific adaptations without the student's direct involvement may, at times, seem more convenient or expedient, but perpetuates that student in a passive role with limited responsibilities and limited knowledge as to how accomodations are devised.

The basis of this model is a three-way consultation: the professor provides information on course objectives and expectations, the student provides information on his/her functional capabilities, and the handicapped student service coordinator serves as a resource person for providing adaptation alternatives and facilitation a mutually satisfactory arrangement. As the student develops skills for negotiating accomodations, the coordinator's role diminishes.

PREPARATORY STEPS

Before specific situations requiring accomodation arise, there are a number of activities which help form a foundation for adaptations based on understanding rather than apprehension. One technique is to offer faculty groups a short presentation on general techniques for classroom adaptations for different kinds of functional limitations. A short pamphlet outlining basic modifications or teaching considerations becomes a reference guide for professors when a specific situation arises; the pamphlet produced by the Handicapped Student Programs at the University of Missouri-Columbia (1978) is one example.

Individual student conferences, during which planning for services is discussed, is an ideal time to acquire information on the student's perceptions of his/her classroom needs and past adaptations, if any, that were utilized. This information will help ascertain the degree to which the student is willing and/or able to handle adaptation arrangements without assistance. At this time, it is important that the structure and system of handling classroom adaptations be fully detailed to the student, outlining his/her responsibilities and the range of resources and options available. The student's expectations can then be adjusted to the realities at hand, with the knowledge that the coordinator is there to assist, support, and encourage in ways that will enable the student to manage his/her needs more independently.

A third preparatory step is that of developing a faculty resource pool. Surveying students who have had adaptation arrangements in the past helps compile a list of those professors who were helpful or creative in meeting their needs; consultations with colleagues becomes yet another resource the coordinator can offer professors.

SPECIFIC METHODS FOR HANDLING ACCOMODATION NEEDS

While the desired end is one of students initiating and negotiating for their classroom needs, there must be beginning and intermediate steps to facilitate growth for students with limited skills or experience in this area. Skill-building needs to be a component of any option chosed to address curriculum adjustments.

Methods for handling adaptations fall in one of four categories:

1. Rehearsal

For students choosing to arrange for accomodations themselves, the coordinator is used in a supportive, or preparatory, role. The coordinator may assist in the polishing of a student's approach to a professor by providing roleplaying opportunities with feedback related to the clarity of his/her message, alternate phrasing possibilities, and other factors which may enhance its delivery. For students who have never been involved in arranging for accomodation, this technique also helps provide support for approaching professors regarding very routine adaptation requests.

The rehearsal option should include a back-up plan if the professor brings up any factors the student does not know how to handle. The student can choose to 1) use the coordinator as a resource and then go back to resolve the unanswered question with the professor, or 2) request of the professor a group conference (method 2 below).

2. Student-initiated conferences with the professor

For instances in which the student has adaptation needs that he/she feel uncertain of handling independently, the coordinator can agree to meet with the student and professor to help discuss accomodation arrangements.

Once again, it should be stressed that the student have as much responsibility as possible. Therefore, the coordinator is not the one to set up the conference; it is the student's responsibility to approach the professor and suggest a meeting. Prior to this step, the student can opt to review or rehearse that request with the coordinator so that approaching the professor is more easily done. If the conference option is chosen, it is with the full understanding that all three members will be present.

This method places the coordinator in an active, facilitative mode, and provides an opportunity to model for both the student and professor the process of arriving at appropriate accomodation. The general format includes these basic steps:

a. Reviewing components of the situation (physical set-up, activities, subject matter, course objectives and expectations, time considerations)

b. Listing aspects of these components needing accomodation given the student's capabilities and limitations.

c. Asking the student and professor if any accomodations worked in the past that might apply here.

d. Reviewing components again, and brainstorming possible changes (keeping practical!).

e. Discussing most desirable options, and helping facilitate selection of the option that will meet valid course objectives and keep the student most involved in learning and interacting in the class situation.

As the coordinator facilitates this process, it is desirable to verbalize the steps. This "thinking out loud" helps remove the mystique of accomodation as a magical process. The student is then able to see 1) how the coordinator approaches the professor, 2) what information is asked regarding course activities and expectations, and 3) what information about his/her functional capabilities was asked and was important in shaping the range of accomodation alternatives. Similarly, for the professor, the coordinator can become a model in the way 1) he/she interacts with the student as an adult, and 2) how pertinent information regarding capabilities/limitations can be obtained in a matter-of-fact manner and without offense.

3. Professor-initiated conferences

Occasionally, a professor may be the first person to indicate concern to the coordinator about the existence of a handicapped student in his/her class. In these situations, the professor is urged to talk with the student individually about his concerns; a three-way conference is set up only if questions still exist and the student is willing to meet.

This situation may be one in which the faculty member is worrying unnecessarily about accomodations (i.e., many wheelchair users need no adaptation once they have access to the classroom), but it still enables the student to take an active part in explaining that.

4. Choosing the status quo

Deciding not to request accomodation for specific needs is yet another choice a student may select. It becomes his/her prerogative to do so if he/she is willing to face the consequences and is not seriously jeopardizing his/her safety. (This is not to suggest the student with a disability should be prevented from trying any activity that has an element of risk, as all students are exposed to risk factors.)

More often, this choice to go with the status quo relates to an unwillingness to ask for "special favors". The coordinator's role in this instance is one of explaining the consequences of selecting the status quo, and presenting accomodation as an alternate means for the student to be evaluated on the basis of his/her ability and not disability. The student's decision must be respected, with the understanding that the coordinator will provide support for future accomodation if desired, but won't try to change his/her consequences retroactively. The student needs to learn the element of control he/she has.

Curriculum adjustments may well parallel students' later employment or other life adaptations. Presenting options where the student learns to choose how to handle his needs in the classroom will not always insure that adjustments are smoothly incorporated, but will assure that the student learns how to take an active part in making adaptations.

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STUDY OF TESTING OF HANDICAPPED PEOPLE

Susan W. Sherman, National Research Council

ABSTRACT

A two-year study of the testing of handicapped people is being conducted by a panel of the Committee on Ability Testing within the National Research Council's Assembly of Behavioral and Social Sciences. The study, funded by the Office for Civil Rights in the Department of Education, will examine a broad range of issues relating to testing of handicapped people in educational and employment settings.

Since the early 1960s, there has been a clear national commitment to equality of opportunity, a commitment prompted by an expanding appreciation of human diversity and of the subtleties of discrimination. The federal government has extended certain protections to a number of groups subjected to discrimination--racial and ethnic minorities, women, the aged, and, more recently, people with handicaps. Federal regulations, which are intended to draw handicapped people into the mainstream of American life by assuring access to federally funded programs, specifically prohibit the use of tests that adversely affect handicapped people.

The National Research Council has established a Panel of the Committee on Ability Testing to study testing of handicapped people for selection and placement purposes in educational and employment settings. The study is supported by the Office for Civil Rights in the Department of Education, which is charged with enforcing compliance with regulations implementing the Rehabilitation Act of 1973. The regulations require that tests administered to a handicapped person must accurately reflect that person's abilities and not the impaired skills, unless the latter are what the test purports to measure. The regulations further prohibit for purposes of selection the identification of people with handicaps. These requirements are based on the assumption that handicapped people can be tested in a way that will not reflect the effects of their handicap and that the resulting test scores will be comparable to those of nonhandicapped people. However, there is reason to doubt that current psychometric theory and practice are sufficient to allow full compliance with these regulations.

The Panel will study the social, economic, legal, psychological, and psychometric questions that are relevant to determining what courses of action can be taken to address the needs of handicapped people in light of current testing technology, on the one hand, and federal requirements, on the other. The Panel will engage in activities such as the following: reviewing relevant published and unpublished literature; commissioning papers; soliciting relevant information from a variety of sources including organizations representing handicapped people, and those involved in selection and placement in education and employment; collecting information on the implementation of current legislation; reviewing existing data on the effects of current practices of testing the handicapped; and analyzing strategies used by organizations and institutions to address the needs of the handicapped.

The Panel is chaired by Dr. Nancy M. Robinson, a clinical psychologist at the University of Washington. Other members bring to the Panel expertise in various branches of psychology, as well as sociology, economics, statistics, and law. Panel members are Dr. Margaret E. Backman, The College Board; Dr. Emerson Foulke, University of Louisville; Dr. Joseph Himes, The University of North Carolina; Dr. Ira J. Hirsh, Central Institute for the Deaf; Dr. William G. Johnson, Syracuse University; Dr. Nadine M. Lambert, University of California; Dr. Jack C. Merwin, University of Minnesota; Mr. Stephen J. Pollak, Shea and Gardner, Washington, DC: Mr. Norman S. Rosenberg, Mental Health Law Project, Washington, DC; Dr. I. Richard Savage, Yale University; Dr. William A. Spencer, Texas Institute for Rehabilitation and Research; and Dr. Herbert H. Zaretsky, New York University Medical Center.

The major product of the Panel will be a report released at the end of the two-year study, which will be comprised of three main sections: a full discussion of the Panel's inquiry into the various issues emerging from federal policy regarding equitable selection procedures for handicapped individuals; a detailed research agenda, which draws on an assessment of the state of psychometric theory and practice with regard to testing handicapped people; and recommendations for modifications in policies that would be consistent with the current state of psychometric theory and the best available practice for carrying out the spirit of the Rehabilitation Act of 1973.

In-Service Training

IT TAKES ONE TO KNOW ONE! (OR...YOU DON'T NEED ALL YOUR FACULTIES ABOUT YOU TO GET AHEAD, BUT IT HELPS!)

Jane E. Jarrow, Ohio State University

ABSTRACT

A philosophical approach for in-service training of faculty in making appropriate classroom accommodations for handicapped students is discussed from the perspective of a university instructor. Included is a discussion of issues which may interfere with obtaining faculty cooperation, as well as specific suggestions for information to be presented.

IT TAKES ONE TO KNOW ONE! (OR... YOU DON'T NEED ALL YOUR FACULTIES ABOUT YOU TO GET AHEAD, BUT IT HELPS!)

Let me start off this morning by setting the stage. I have been asked to speak with you from a somewhat different perspective--I am a member of the teaching faculty at my university. I am hired as a teacher, not a service provider...unless, that is, you are successful in your in-service training. In that case, the teaching faculty become service providers and you are out of a job!

I can say unkind things about faculty members because I am one. But I really did not come here to fault my fellow faculty members, nor in an attempt to justify their behavior. I came, instead, to try and explain why they function as they do.

From what I have been able to gather, in-service training at the post-secondary level is generally approached from a perspective which says "Let's show 'em how to teach handicapped students." WRONG!!! In the case of most teaching faculty members, no one has ever showed them how to teach the traditional student. In general, Ph.D. programs train their students to do research, and then send them out to teach. A lot of good teaching takes place by lucky coincidence, but in my experience very few instructors feel comfortable about the rationale behind their teaching strategies. When someone starts talking about examining those strategies in order to effect changes for accommodating special students, the idea can be very frightening to a faculty member who has never been seriously asked to examine teaching techniques before.

The sad fact is (at least in bigger schools) that the faculty members are taught to see teaching as a necessary nuisance more often than not. Employment ads for faculty in higher education journals generally read "proven research productivity" or "strong record of publication." Never do they say "proven competence in the classroom"; instead, the ad is likely to read "teaching experience required." That teaching experience may be good, bad, or indifferent. All too often, it is one of the latter two. Tenured faculty members do not have to be concerned about their teaching prowess. The university has very few means of exerting significant pressure on a tenured faculty person. The junior faculty member could be coerced into cooperating, and/or may have a sincere desire to improve teaching skills, but that junior faculty member is consistently being told that what takes place in the classroom is less important than other functions he or she performs. If the faculty member wants to survive in the institution very often that survival will depend upon publication record. Therefore, extra time or effort spent in improving or adapting teaching styles is seen as time lost.

I hope you will not take all this too much to heart. This is not to say that there are not some faculty members at every institution who do care about their students and about the adequacy of their teaching. I am trying to explain the philosophical approach of those faculty members with whom you come in contact who do not seem to care much about what you have to say concerning accommodations for handicapped students. You may find yourself facing some strong negative influences. I have come to the conclusion that these negative influences are best combatted by being sneaky!

I firmly believe that there are ways, and then there are ways of saying things to people. You can say "Hey, turkey, listen up...this is important and you are going to get tested on it later." Or, you can say "Gee, Mr. Professor, Sir (or Madam!), what you are doing is terrific! Let humble little me suggest a few changes you could make here and there in presentation technique so that everyone could have the advantage of studying with a learned person like yourself." You laugh, but as some great philosopher once said "A pat on the back is only a few vertebrae removed from a kick in the pants, but it is miles ahead in achieving results!"

Okay, then, where do we begin with this soft-sell job? I think you need to approach it in a three-part presentation. First you need to discuss why it is necessary to make accommodations for handicapped students. Secondly, you need to discuss how accommodations can be made for various special populations. Thirdly, I would suggest you take some time to let the instructor know, in no uncertain terms, what's in it for him/her.

Why?

Telling the faculty about Section 504 and its implications for higher education is necessary, but I think it is insufficient for assuring the cooperation you are seeking. They need to know what the law has to say on the subject, but the law is in effect whether they cooperate or not. Obviously you have to have some other selling point if you hope to gain their cooperation. Personally I like the idea of using simulation exercises to involve the faculty member in experiencing various disabilities, both with and without appropriate accommodations. Simulation experience that emphasizes only the disability may defeat your purpose. It may leave the faculty member with the feeling that there is no way the student can be successful. By participating in a simulation of a given handicap in a classroom setting with a task that is difficult or impossible without accommodation, the faculty member may feel the frustration the student encounters. By repeating that same task with the appropriate accommodation made for the functional limitation discussed, the instructor may realize the tremendous impact of small changes in teaching style. For instance, in simulating blindness we have had faculty members close their eyes and listen to a lecture describing a diagram in front of them. The lecture is filled with visual references that mean nothing to them ("and over here we have...," "on this side we find...," etc.). The faculty member is then asked to label the diagram in front of him/her. The task is then repeated, again with eyes closed, but this time the visual references are replaced with more adequate descriptions and faculty then attempt to label the diagram once more.

I think another common misconception in planning in-service training is that since faculty members are educated people, you can skip over a large portion of the introductory material that you would make available to "the lay public." In that, I think you give my colleagues more credit than they deserve. They are highly educated in their own areas--that doesn't mean they know anything more about handicapping conditions than the next person. I think you need to spend time dissipating some of the same attitudinal barriers which hamper other segments of society. Faculty members are just as guilty of falling into the trap of the spread effect. They are liable to believe that if one's legs don't function neither does one's brain. They think of handicapped individuals as being sick, incapable, weak, asking favors, or any combination of the above! Take some time to dispel some of the more common myths about disability. By the way, the literature says that the single most effective way to create such positive attitudinal change is through bringing the individual into direct contact with the successful disabled person. Consider including some of your handicapped students as presentors or participants in your training.

How?

I do not propose to try and make broad suggestions in this area. There is liable to be a set body of information as to how accommodations are to be handled, and that information may vary from school to school depending upon the state of development of the service program in operation. I would be inclined to stress, however, the following three points in discussing the "how to's" of accommodation: 1) accommodations must be individual in nature to be effective; 2) there are x number of people in such and such a place who are there to help faculty members plan and implement appropriate accommodations; and 3) remind the faculty member not to assume there will be a necessity for accommodation just because there is a disabled student in the class. For example, a lot of students in wheelchairs are just like every other student sitting down, and as long as physical barriers are removed so that they can reach the classroom no further accommodation may be necessary.

What?

Now we come to the hardest point to make. What is in it for them? Why should a faculty member take the time and effort to be of assistance to handicapped students? Having interacted both with faculty who care and with faculty who could not care less, my suggestion would be that you approach this subject from every angle you can invent. Try appealing to their better nature if they have one, and their crasser nature if they do not! On an esoteric level, making appropriate accommodations to allow the disabled student to successfully compete in an academic setting should bring satisfaction to the individual who is concerned about the adequacy of teaching. By now, you have presumably provided them evidence that it is possible for the handicapped student to succeed with a little help. Now is the time to remind them to stop focusing on the disability and start looking at the abilities which the individual has. On a more practical level, this might be an appropriate time to remind faculty what rights the student has to accommodation by law. Most campuses these days have student ombudsmen, and the college administration must be responsive to student needs if they want to say on the good side of the government. Impress upon your faculty that while it would be nice if they would cooperate willingly, one way or another they will comply. The old adage about "There is never time to do it right, but always time to do it over" can be brought into play here. Some faculty may be more anxious to make appropriate accommodations the first time around if you can convince them that they can avoid a lot of hassles by doing so. One interesting approach that was suggested at a meeting last year is to remind the faculty member that it could just as easily be them! As a member of the Speech and Hearing Science faculty, I recently got into an argument with a colleague about whether or not someone could effectively perform as a speech clinician from a wheelchair. I ended the argument very quickly when I said "If you were to walk out that door this afternoon, get hit by a car, and end up in a wheelchair, what size pencil would you like me to buy for you?" In answer to my colleague's puzzled frown I went on..."Well you obviously could no longer function as a speech clinician. I figured you might as well make yourself useful and sell pencils. I was going to provide you with your initial stock!" It rapidly became very obvious to this person that although there were things he could not do from a wheelchair, there were more things left over that he could continue to do!

I wanted to have some clever way of ending this presentation. I looked for a pithy phrase I could use to sum all this up in a nutshell, and found a quote that stated "any philosophy which can be summed up in a nutshell belongs there!" Then I looked for a battle cry I could provide as you go out to tackle your in-service training and I came up with "if at first you do succeed, at least try to hide your astonishment." In the end I decided to play it straight and simply restate my beliefs as to how faculty training can and should be approached. I believe such training is necessary. I would like to believe that it will be welcomed, but I am a little too realistic to expect that response very often. Therefore, I believe the most effective means of getting your point across is by structuring such training so that there are inherent benefits to the faculty member in attending and cooperating, rather than emphasizing the benefits to the student. Whether the faculty member benefits by getting brownie points for participation, or by avoiding future confrontations or in any other way you can dream up doesn't matter. To quote another famous philosopher, "In a bureaucracy, the way to beat the system is to make your problem their problem!"

FOUR STEPS TO REACH YOUR ACADEMIC COMMUNITY

Arthur W. Burke, SUNY/B

ABSTRACT

The question of how to reach the academic community on our college campuses seems to be one that surfaces at every meeting of professionals involved in services for the handicapped. It is an issue facing all of us, regardless of the size of our institutions. Over the past few years of the existence of the Office of Services for the Handicapped at SUNY/Buffalo, we have found that our method of reaching the University Community can be broken down into four major steps or components. They are:

1. presidential commitment;
2. faculty involvement in the planning process;
3. soliciting the support of an outside expert; and
4. encouraging faculty to train each other.

The first step, presidential commitment, is the most essential ingredient. If you do not have the support of your administration, you will find it virtually impossible to deal effectively with faculty or the multi-layered bureaucracy of your institution. Therefore, your first objective should be to secure the visible support of your chief executive.

Each of you knows best where your president is at (so to speak). Let us assume, for the sake of this presentation, that he/she is at or close to base zero. Base zero in this instance means that your president does not hate disabled persons, but has no special commitment to having them as students or employees. In fact, s/he probably feels a bit uncomfortable in the presence of any more than two persons with handicapping conditions. For most of you, this description probably matches someone you know.

To digress for a moment, our situation at Buffalo was a bit different. Our President has a commitment to equality for the disabled or at least was astute enough to see the handwriting on the wall before his back was to it, and thus did not have to be coaxed or prodded into openly expressing his support for the cause. In any case, you must start at the top.

You should also remember that you do not have to blow your president out of the water on the first visit by waving the law and its deadlines in his/her face. Time and history are on our side in this movement, and therefore you can afford to take it easy. Initially, you should solicit your president's support for the idea of conducting a census of the number of disabled persons currently at your institution or potential students in your community. Every administrator would like to know how many disabled students and employees they have or are likely to have. Thus, you should approach your president with the draft of a census letter. The text of the letter should begin with your institution's commitment to equal access to education and employment for all. Since disabled persons have been discriminated against for so long, they no longer trust anyone asking them to report their disability, unless, of course, they are assured that it will not be used against them. Therefore, you should inform your president that people should be made aware that we are committed to equal access. The second paragraph in the letter should point out that you are soliciting the information in an effort to develop services. Your third paragraph should provide your population with a definition of what you mean by handicapped. And, finally, you might have your president request that any questions regarding this census be directed to you.

Thus, with this one letter, you have committed your president to a public action (particularly if you arrange for news coverage of it). Additionally, you have staked out the territory by having information and inquiries directed to you.

Having secured the letter with its commitment to the disabled and, hopefully, a news article or two regarding your president's and institution's interest in the handicapped, you should now proceed to form a task force of faculty members who will help shape the future policy of your institution. A few community agency people should be selected to serve on the committee, as well as several disabled persons. Then, by a formal letter from the president, these people should be invited to sit on this committee.

Your reasoning behind creating the task force is that you must do some planning regarding the census information which you are securing. Let us assume, for the sake of this presentation, that your president's census letter was a disaster and no disabled persons are to be found on your campus. In this case, fear not! The task force now has its work cut out for it. The committee, composed of disabled persons, organizations aiding or representing the disabled, and your faculty, must now decide how to increase the awareness of the availability of higher education for the disabled in your general community. Thus, the group must decide how to encourage attendance and employment of the handicapped and what types and methods of accommodations and services will be provided.

The third part in our outline takes into consideration that we are all, no doubt, painfully aware that a prophet has no honor in his own country. Thus, even if you and I know you know the answers, bring in an outside expert. AHSSPPE or the technical assistance section of the Office of Civil Rights are perfect resources for that type of expertise. An outside expert can do wonders for you. They can meet with your president, your students, and your task force committee. Here again, a bit of publicity would help firm up the institution's commitment.

Therefore, to re-cap by following the outline, you have secured the commitment of your president in writing, you have a task force ready to work, and you have enlisted the aid of an expert to suggest ways of accomplishing things that have been successful elsewhere.

The last item left in our outline is in-service training, or faculty teaching faculty. If we regard the task force committee process as a chance to educate, it will be up to you to furnish that group with literature, exposure and expertise regarding the needs of the handicapped. Over a period of time, you will be able to see the group process working, and it will be your task to utilize the best "converts" and to ask them to be facilitators in the training process. Faculty seem to relate best to faculty; thus, you must use your faculty to help spread the gospel to their colleagues. The committee members should be encouraged to recommend in-service training for faculty within departments and then to devote their acquired expertise to the process.

If you are able to accomplish these four items, you will have achieved your goal. It will be up to you to watch your timing and carefully select your faculty for the committee. Admittedly, this outline does not deal with all the nuances, public relations, and politics found in an institution of higher education. You, however, are the best judge of your campus and, given the basics and persistence over time, you will succeed in reaching your community of scholars.

HOW CAN WE REACH FACULTY MEMBERS ON OUR COLLEGE CAMPUSES?

Carol A. Goldstein, California State Polytechnic University, Pomona

ABSTRACT

For several years we have been trying to develop a way of sensitizing college faculty to the needs of the disabled students.

This paper will provide a capsulized version of a traditional approach which I have found to work well with faculty members. It provides the faculty with facts and an opportunity to present questions in a non-threatening atmosphere.

INSERVICE TRAINING
-A TRADITIONAL APPROACH -

On our campus we have found that we achieve the best results if we address small groups of faculty at one time (10-15). We conduct our inservice training usually in a mixed group and not by department. We offer several sessions through our on-campus training office throughout the year. Faculty members sign up to attend these sessions. By using this method we know that each member of the group is a voluntary participant.

Of course, we also go the more traditional route of addressing departments upon request as well as speaking at various "faculty club" meetings.

Myths and Misconceptions

Naturally one cannot conduct inservice training without addressing some of the myths that surround the disabled.

The myths and misconceptions that we have found to be most useful to address are:

a. All disabled people are nice. We let our faculty know that like any group, some disabled people are nice and others are anything but nice!
b. You can't fail a disabled student. We enlighten our faculty to the fact that it is o.k. to fail a disabled student who is not pulling a passing grade in the course. (The right to fail is the right of the disabled student).
c. People who are deaf cannot speak. As all of you know, this is a fallacy.
d. All hearing-impaired persons are great lip readers. This is not true; some hearing impaired persons are very poor lip readers.
e. People in wheelchairs can't walk or stand. As professionals that work with persons who use wheelchairs, we know that a lot of people are capable of walking or standing but it is much easier and much more convenient to use a wheelchair.
f. All blind people know Braille! This is another one of those popular misconceptions.
g. Ignoring a student's disability will make that student feel more comfortable. As we all know from experience this would probably result in having the opposite affect.

The above are only a few of the major misconceptions that are addressed during our training session.

Reasonable Accommodations

One of the initial points we make to our faculty members is that we are not necessarily asking them to increase their "workload". The majority of our faculty are very willing to work with the disabled students, especially after we explain what is expected of the faculty.

Some faculty in the past have been approached by disabled students who tell them "you must do so and so to accommodate me, it is the law--" As we all know this immediately puts the faculty member on the defensive. In order to counteract this, we have found it best to capsulize Section 504. We let the faculty know what our office does to assist the disabled student as well as the faculty member. These services would include for example, providing notetakers; readers and administering exams. The faculty are informed on what physical accommodations have already been made by the university around the campus such as curbcuts, elevators, accessible restrooms, raised numbers on rooms, etc.

Faculty are usually eager to learn what is expected from them. One of their major concerns is "What is a reasonable accommodation?" We use the following examples to illustrate this:

I.

If a requirement of the course is a field trip, arrangements must be made that will allow the disabled student to participate. Another alternative is to provide an alternate way for students to meet the field trip requirement.

II.

Allowing extra time for a disabled student to take an exam, if the disability directly affects their ability to complete the exam (due to visually impairment, inability to write due to dexterity problems or a deaf student who needs an interpreter's assistance with the language.) The type and severity of the disability would help in determining the amount of extra time which is reasonable. At times a visually impaired student might need a reader to administer the exam or a scribe might be necessary with another disability.

The above mentioned "auxiliary aids" would also mean allowing the student to take the exam in another place such as the faculty member's office or the Disabled Student Center.

III.

Faculty are informed that they must allow an interpreter in the classroom for the deaf student and they must allow a disabled student to tape record lectures.

IV.

Accommodating a disabled student in a laboratory setting causes a large amount of anxiety among our science faculty. It is pointed out to the faculty that one basic way of dealing with this is to pair the disabled student with a non-disabled lab partner. In this way some of the safety problems are eliminated

The above mentioned classroom accommodations usually lead to an animated discussion within the group of faculty being addressed. This has proven extremely helpful because the faculty members start to exchange experiences and suggestions between themselves. I believe that this is the most productive part of our inservice program.

One question which the faculty on our campus usually ask is "How much time outside of the classroom should I spend with a disabled student in comparison with the time I spend answering questions for a non-disabled student?" For example, we have one disabled student on our campus that insists that the professor spend his entire two hour office period explaining that day's lecture to him on a one-to-one basis. Obviously, this is not a reasonable accommodation. We usually advise faculty members that if they spend ten minutes with a non-disabled student after class, than a reasonable time accommodation to the disabled student would be twenty minutes (and not two hours).

A question that our faculty members always bring up is: "How do I know how best to accommodate a disabled student in my class?"

The answer to this has six parts --

a. Ask the student if he/she needs special accommodations.
b. If he/she replies with "yes" ask the student for suggestions on how to provide these accommodations.
c. Call the Disabled Student Center for advise. They are there to help you as well as the disabled student.

d. Let the disabled students know that you are willing to work with them on reasonable requests.

e. Know when you are being manipulated.
You are usually being manipulated when a disabled student presents you with something such as: "I'm disabled; therefore, I will need an extra two weeks to complete my term paper). Be aware that at times this may be legitimate and at other times absurd.

f. The disabled student has the responsibility to let you know if he/she will need special accommodations in the course.

One of the most valuable by-products of our inservice program is the on going exchange of ideas between various faculty members across department lines and their input to the Disabled Student Office.

TWENTY-THREE HEADS ARE BETTER THAN ONE: A GROUP APPROACH TO AWARENESS PROGRAMS

Linda Donnels, George Washington University
Jo Anne Simon, Gallaudet College
Whitney Stewart, American University

ABSTRACT

Founders of the Nation's Capital Area Disabled Student Services Coalition will discuss ideas on establishing a network of colleges to share resources and maximize the effect of handicapped awareness programs. The goals of this organization and a model of Washington, D.C.'s Collegiate Handicapped Awareness Week will be presented.

The Nation's Capital Area Disabled Student Services Coalition

The idea for a cooperative area-wide effort to provide services to disabled students in higher education started to take form when Linda Donnels became the Director of the Office of Services for Students with Disabilities at George Washington University. Before starting her new position in September, 1978, she met with Judy Duff Adams and Jo Anne Simon of Gallaudet College's Student Special Services to discuss Washington, D.C. area resources. It was agreed that it would be mutually beneficial to continue sharing ideas and concerns.

A month later at AHSSPPE's conference at Wright State University they met again, this time joined by Whitney Stewart of American University and they put together a plan to identify the people responsible for serving disabled students at all Washington, D.C. area colleges and universities and invite them to become a part of a network to share ideas and resources. The network would later become an organization called The Nation's Capital Area Disabled Student Services Coalition.

Establishing a Network

The first task was to find out who the planning committee's counterparts were. The process of locating who was responsible for disabled students' services on each campus became a lengthy investigation. It took six weeks and many phone calls to identify the nineteen other people who attended the initial meeting. With rare exception, no one was easily identified through campus information or campus offices as being the person responsible for either support services to disabled students or 504 compliance. On some campuses, the President's Office did not know who provided services; on others, campus operators denied special services offices existed. Publicizing services for disabled students later became one of the Coalition's first topics of discussion.

The idea to meet was enthusiastically received. The first meeting was held at the D.C. Regional Library for the Blind and Physically Handicapped. Discussion included concerns, needs, problems, resources and brainstorming for a list of all possible institutions that might be interested in participating. All participants made a commitment to continue meeting regularly and rotate meeting places on the various campuses. On the agenda for future meetings were informational sessions on topics of interest such as interpreter services, learning disabilities, resources for blind students and designing handouts for faculty.

It soon became apparent that the group was extremely diverse in terms of services provided to disabled students. Some schools had no disabled students at all but were making efforts to comply with legal requirements on accessibility. Others had fairly comprehensive programs already established. However, no matter what kind of program existed, there was a common concern, that of creating an awareness of disabled students' needs and abilities. Promoting awareness became a main focus of the Coalition's activities, in addition to the original purpose of resource sharing and professional support. It was decided that an area-wide collegiate handicapped awareness program would be an effective way to enhance awareness efforts. As a result, Collegiate Handicapped Awareness Week has become an annual project for the Coalition.

As the Coalition continued to meet and expand, the news about its existence reached farther and farther away from Metropolitan D.C. Members from as far away as Baltimore began to attend monthly Coalition meetings. The possibility of Balitmore area colleges spinning off and forming their own metropolitan area coalition was discussed. Presently, in attendance are representatives from 23 different institutions of post-secondary education. Along with members representing colleges and universities, the Coalition has been joined by interested individuals from such organizations as the President's Committee on Employment of the Handicapped, Office of Civil Rights, the new Department of Education, Washington Volunteer Readers for the Blind, National Rehabilitation Information Center, the Foundation for Science and the Handicapped and others.

As the Coalition grew, becoming more structured was a necessary next step. The Nation's Capital Area Disabled Student Services Coalition modeled its constitution and organizational structure after AHSSPPE. An elected Executive Council consisting of the Coalition Chairperson and the chairpersons of four standing committees was established to provide leadership and coordination.

Collegiate Handicapped Awareness Week

During the first year of the Coalition's existence, the research and planning for 1979's Collegiate Handicapped Awareness Week was the main task that helped solidify the Coalition as a group. The culmination of the Coalition's efforts was indeed a successful first attempt at a collective collegiate awareness program. Through cooperation among the network of colleges, the Coalition was able to produce results.

The Benefits of a Collective Effort

The process of planning the Week had unexpected benefits. The exploration of resources at member colleges and in the community, brainstorming and problem solving became a practical source of in-service training for members of the Coalition who were new to the field. For experienced members, there was an opportunity to refine and update skills for continued professional development. Within its own ranks, the Coalition identified some excellent resource people willing to share their expertise with others and willing to devote the time needed to make the awareness program work. A strong commitment developed among Coalition members to promote quality services for students with disabilities at all area post-secondary institutions.

The Coalition's project became a community effort with campus benefits. Twenty-three heads working together facilitated the utilization and sharing of more resources than would have been available to individual colleges. It provided an interesting slate of events happening at different times at different locations in the area. The Coalition was able to coordinate sharing the talents and expertise of disabled students and professionals with colleges that did not yet have disabled students enrolled. Films borrowed by the Coalition were rotated between member colleges. Also, some students found that by attending events on other campuses, they were able to meet other students with disabilities in the Washington area. Some colleges which already had awareness days scheduled at other times on their academic calendars participated by lending support to their colleagues and advertising events open to the community.

The wide appeal of the collective awareness week also had an impact beyond the campus boundaries. The involvement of community groups in sponsoring some of the events proved valuable in cultivating employment opportunities for graduates with disabilities, as well as in generating financial support for scholarship funds and purchase of special equipment and contributors for certain awareness program activities. The awareness week helped to draw attention to the need for making the community a better place to live by removing architectural and attitudinal barriers. It was found that the increased attention produced by community-wide involvement can indeed maximize the effect of an awareness program.

Publicity

Coalition publicity strategies were based on the fact that twenty-three heads were more newsworthy than one. The more angles to the media blitz, the better the chances would be of generating publicity. Efforts to highlight the awareness week began with petitioning state and local officials to get a proclamation for Collegiate Handicapped Awareness Week. Since some of the members of the Coalition sat on mayor's and governor's committees on employment of the handicapped, a letter from the Coalition was all that was needed to request the proclamation. These committees were very supportive to the Coalition's efforts and were instrumental in making the right connections.

Reporters were contacted who had done human interest stories or who had contacted some of the members of the Coalition for stories on Section 504 and its impact on higher education. In the future, the Coalition hopes to have local TV or radio personalities do a special segment or talk show featuring a disabled student or some interesting aspect of the awareness program.

The Coalition had posters printed with a logo and announcement of Collegiate Handicapped Awareness Week. Design, layout and printing were donated to the Coalition and the small fee for the paper used was split between the members. The poster had a blank space at the bottom for each school to post its own schedule, activities of the day or the master schedule of community events.

Community outreach meant making a special effort to contact groups and associations concerned with disabled people. Invitations were extended for representatives to be presenters or exhibitors and inquiries were made about advertising Collegiate Handicapped Awareness Week through their meetings or locally distributed publications.

A Master Schedule

One of the most difficult undertakings was the publication of a master schedule, listing events on all Coalition campuses. A subcommittee was formed for this purpose. It was apparent that coordinating an exchange of schedules was difficult because of the amount of last minute planning that was being done. Activities that were finalized two weeks in advance were published and distributed. Although everything that was eventually scheduled did not appear on the master listing, there was still a sizable number of entries. A comprehensive listing was later prepared to be used for ideas in awareness program planning. In the future, it is hoped that earlier planning will enable the Coalition to publicize events more extensively and arrange more transportation between campuses. Every attempt will be made to offer the best events, popular speakers and feature performers at a time when the greatest number of participants will be able to attend on as many campuses as possible.

The members of the Coalition feel that with experience from each year's awareness program, which beginning in the fall of 1980 will become Collegiate Handicapped Awareness Month, activities, scheduling, and publicity will continue to improve until the art has been perfected.

Awareness Programs On Each Campus

A successful community awareness program depends on the quality of the components offered by each participating campus. An interesting, well-planned program is crucial to success. Some ideas for planning campus awareness activities are offered here based on the experiences of the members of the Nation's Capital Area Disabled Student Services Coalition during its first Collegiate Handicapped Awareness Week.

Suggestions for Campus Planning

First and foremost, planning should begin far in advance. When the Coalition decided to schedule the first awareness week early in the fall term, most students and faculty were about to leave campus for the summer. This meant that many of those who attended the initial meeting had insufficient time to assume much planning responsibility, so the bulk of the work remained in the hands of only a few people.

Representatives from student groups, staff and faculty should be invited to participate in the planning and implementation of the program, and members of the campus 504 committee should be included. A representative planning committee can insure that program topics will appeal to many members of the campus community.

Existing program resources on the campus should be explored to identify who plans movies, lectures, concerts and other programs. Would these people be willing to participate in the awareness program by sponsoring programs that complement the general theme? Who has expertise that could be shared? Is a special education professor an expert on learning disabilities? Is a staff member an expert on interviewing a disabled applicant?

Existing publicity resources on the campus should be explored. Would the editors of the student and faculty/staff media be willing to publish/broadcast the schedule of events, or articles and special interest stories? Publicizing an awareness program in a campus-wide approach as well as through the involvement of as many groups on campus as possible is a good way to alert the campus to the fact that services for disabled students exist.

The campus president should be asked to officially designate the week or month, thereby encouraging support and cooperation from the various segments of the campus community.

Suggestions for Program Activities

The planning committee at each college should design an awareness program that will fit the needs and personality of its campus. The following are suggestions gathered from a sampling of events and activities sponsored during the first Collegiate Handicapped Awareness Week:

1) Film festivals can be followed by a question and answer period or a panel, or individual films can be utilized in programs for specific groups, e.g., "A Different Approach" can be shown to hiring officers and staff supervisors in a discussion about affirmative action and the meaning of job accommodations. The President's Committee on Employment of the Handicapped, Washington, D.C. 20210, has a free loan library.

2) Information about disabilities and community resources can be made available at information fairs or in individual programs. Representatives from national and local organizations will often give talks, bring literature and answer questions, without charge. The telephone companies will generally demonstrate adapted telecommunications equipment, and transit companies will demonstrate buses with hydraulic lifts. If these agencies are provided with information on the awareness program, they may be able to advertise the events to their constituents.

3) Receptions or luncheons can be scheduled as a kick-off to an activity or the entire program, and can promote awareness by showing a film or having a speaker. Such events may attract more people if invitations are issued by the campus president to heads of departments and other campus organizations, in addition to general publicity.

4) Mini-sessions in sign language can be offered and interpreters can be sent to various campus functions for awareness purposes whether or not hearing impaired individuals are in the audience, e.g., religious services, lectures, or some classes.

5) Campus tours can create awareness about architectural accessibility on the campus and demonstrate the different ways accessibility is impeded or can be enhanced for individuals with a variety of disabilities. Orientation and mobility specialists can also demonstrate how to give tours to blind or mobility impaired students. On one campus, wheelchairs were provided for those interested in trying their skill at an obstacle course designed by a local advocacy

group.

6) Sensitivity sessions can utilize simulations of some disabilities.

7) Workshops for faculty members can promote awareness and provide an opportunity for professors to understand why classroom adaptations are sometimes necessary. Resources on campus that can assist them and/or disabled students can be discussed.

8) Cultural events can also be used to promote awareness. A regular film series might show "Coming Home" or "Butterflies Are Free." The performing arts department might present a play with a relevant theme, or sponsor an outside group. For example, the Deaf Awareness Troupe from Gallaudet College visited several Washington area campuses and performed popular songs while translating the words into American sign language, mime and dance. The programs were followed by question and answer periods.

9) Existing campus outreach programs can be included in the publicity for an awareness program. One of the Coalition campuses regularly sponsored bowling leagues for blind persons from the surrounding community; but few people on campus knew about it, so the times were advertised and members of the campus community were invited to attend.

10) National associations may be interested in co-sponsoring programs on campus. The National Spinal Cord Injury Foundation worked with one Coalition campus to sponsor a wheelathon, and the Muscular Dystrophy Association co-sponsored a dance marathon on another.

11) Programs can be presented in regularly scheduled classes. Look over the course titles to determine which ones might naturally relate to the general theme of the program. For example, a law school class might be interested in knowing more about Section 504, or a nursing class might be interested in a film and discussion about the emotional implications of growing up with cerebral palsy. Disabled students might be interested in being presenters as well. A student who had attended Gallaudet College as an undergraduate and is now a graduate student at another college could participate in an education class on mainstreaming and could discuss the differences between attending a specialized versus a mainstreamed university.

If a professor is contacted before the class syllabus is finalized, he/she might be delighted to have a film or a speaker provided, and may be willing to open the class to others for the program. If the regular classroom is not accessible, the program should be relocated to a room that is accessible and the reason for the room change should be explained during the program itself.

12) Programs should be scheduled in accessible facilities and noted on the schedule of events, along with voice and TTY telephone numbers to call for further accessibility information. If interpreters for specific programs can be requested, that should also be noted.

When A Different Approach Is Needed

Some campuses have specific concerns, either in terms of student population or institutional philosophy. For example, a community college with its policy of open admissions will have a different student population than a selective admissions university. Approaches to awareness efforts must take into account such differences.

One institution with some very specific needs is Gallaudet College. Since the undergraduate population consists of students with hearing impairments, many accommodations traditionally made for visually impaired students will not work for hearing-vision impaired students. For instance, hearing-vision impaired students rely heavily on braille rather than on tape recordings.

An area of great concern and a source of frustration for multiply disabled students is the lack of awareness and sensitivity of the majority of faculty, staff and students even though disabled students have been a part of Gallaudet for many years. A basic awareness of these students' disabilities is not enough. A dual handicap seems to multiply a student's needs rather than simply adding one disability to another. Hence, more information is required to address multiply disabled students' needs. This depth of understanding cannot be developed adequately in a global awareness effort. It requires a great deal of individual attention.

Individual Attention

As a result, throughout the academic year, Student Special Services at Gallaudet College met with individual departments of instruction to provide orientation to the multiply disabled student population, to familiarize them with services offered, and to address their specific concerns about these students. However, more attention was needed in this area. During Handicap Awareness Month, specific training in areas of disabilities other than deafness and in-depth attitude workshops will be held. A manual discussing a variety of disabilities and specific accommodations will be provided to the faculty and staff.

Other institutions serving large populations of students with a specific disability also can channel energies into in-depth training and awareness. For example, those institutions having programs with a large number of learning disabled students will find their concerns different from colleges with programs for deaf students. Faculty will need more extensive information about the specific disability in question. A forum where faculty can air their concerns and ask questions about accommodations, a workshop with a presentation by a local expert (perhaps a faculty member), a panel of students sharing their specific concerns, etc., are all ways of focusing on these specific populations.

Reviewing The Program

As the Coalition reviewed and evaluated the previous year's Collegiate Handicapped Awareness Week, the highlights and pitfalls of each college's program were discussed. The group brainstormed to find ways to avoid the same mistakes and improve the quality of the programs.

Pitfalls to Avoid

Do not schedule awareness programs that conflict with other major campus activities.

Do not schedule events at times when students are unlikely to be around. For example, on commuter campuses, activities during the day may be better attended than those in the evening.

Do not delay in starting to plan. Start far enough in advance so that students can be active and feel a part of the project. Allow enough time to prepare adequately.

Do not offer only a "hands-on" program. Some people may be afraid to participate during the first year of your program in events that they see as threatening. A better idea may be to vary the format so that some non-"threatening" activities (films, movies, displays) are offered along with handicap simulations, wheelchair obstacle courses, etc. Remember, not everyone will participate in everything anyway.

Do not relegate all awareness activities to classrooms or meeting rooms. Try to have some events out in the open in some well-traveled area of the campus. Awareness is created when people stop to watch what is happening, see an interpreter for the first time, or participate in an activity that he or she would not otherwise pursue.

Do not attempt too much the first time around. It is better to have a few events that are well-planned than attempt to do something that turns out poorly and created the wrong kind of awareness.

Do not focus on one disability to the exclusion of others, if a general handicapped awareness program is planned. Accessibility involves everyone.

Do not ignore the multitude of creative approaches to publicity. The earlier the word gets out and the more appealing the format of publicity is, the better the response will be to your program.

Brainstorming Results

A. Ways to increase attendance at evening activities
   1. Show major movie
   2. Showcase individual events
   3. Have reception before event starts
   4. Encourage student leaders to spread the word
   5. Feature a well-known entertainer or co-sponsor activity with another school that has a well-known entertainer
   6. Advertise events to interested groups in the community
   7. Schedule cultural activities with broad-based appeal
   8. Promote speakers or events in regular evening classes and open these classes to the University community

B. Ways to increase motivation of disabled students
   1. Extend personal invitation for disabled students to participate
   2. Provide transportation
   3. Establish working and personal relationships and give recognition to those involved
   4. Include in planning committee to generate program ideas
   5. Invite families of disabled students
   6. Select outstanding handicapped student on campus to run for campus or area-wide contest winner.
   7. Have well-known official or personality make presentation at award ceremony
   8. Ask disabled students to conduct workshops, participate in panels, act as master of ceremonies, etc.

C. How to publicize on campus
   1. Advertise through campus radio-newspapers, distribute T-shirts, posters, buttons, balloons
   2. Get backing of student leaders and student government
   3. Ask president of university to declare Awareness Month/Week
   4. Use journalism classes for a writing contest
   5. Make public service announcements
   6. Put notices in faculty/staff newsletter
   7. Have student organizations co-sponsor events
   8. Schedule activities in area of campus where most students will pass

D. How to publicize in community
   1. Petition for mayorial or gubernatorial proclamation
   2. Contact TV or radio talk shows

    3. Advertise in local disabled groups' publications
    4. Ask feature writer at newspaper to do story
    5. Make public service announcements
- E. Ways to get faculty involved
    1. Get faculty members to join planning committee
    2. Attend faculty meetings to publicize
    3. Distribute questionnaire about barriers and accommodations to faculty
    4. Have an awareness activity or speaker as part of regular class
    5. Contact faculty early enough so they can add an activity to their class schedules
    6. Have experienced faculty participate in panels, workshops, conduct seminars

In Conclusion

The Nation's Capital Area Disabled Student Services Coalition has found the group approach to awareness programs to be an effective one. Awareness generated by colleges and universities has had an impact beyond the original expectations of the participants in the first Collegiate Handicapped Awareness Week. The resource sharing and professional development network that has been formed has made a difference in the quality of services offered to disabled students attending Washington metropolitan area post-secondary institutions. The twenty-three original members of the Coalition, joined by their new colleagues, look to the future knowing that a good foundation has been set for continued success.

YOU TOO CAN PUBLISH!

Hazel Z. Sprandel, Washington University
Marilyn Grubb, Southwest State University

Many of us in various branches of student services, including services for handicapped students, have found it surprisingly difficult to take the initial steps toward publishing articles in major professional publications, or toward writing or editing a book in our field of professional expertise. That seems quite unfortunate, given that many pracitioners have developed and implemented innovative programs that should be shared with colleagues in similar settings. This need for dissemination of information seems especially apparent in the area of serving handicapped students in postsecondary education, because of the lack of relevant and useful information for practitioneers in this area. This association has begun to provide useful material to its members to fill some of this gap, through its newsletter, its resources exchange, its conference proceedings, etc., but there are many others, not members of the organization, who could profit from the expertise represented in this organization's members and it is these "others" with whom we wish to share the knowledge and experience of our members, through encouraging an increased number of the members to publish in relevant publications.

In addressing this subject, we will focus on publishing in professional journals, rather than in book format. It is undoubtedly true, however, that many of the guidelines provided for articles in journals will also apply when considering a book and a potential publisher for this book. We will attempt to: (a) provide some general principles for writing professional articles; (b) make suggestions about target publications; and (c) identify criteria often used for selection of materials by professional publications. A bibliography of useful reference materials will also be provided.

General principles of writing professional articles

A. Define your topic and goals:

This can best be accomplished by first considering in what area you are especially knowledgeable, and what you feel the profession needs to hear. A number of questions can be formulated to help determine this: *In what do I feel I am an expert? *About what do others ask my advice? *What areas of my professional field seem to be most problemmatic for professionals in the field? *Has there been a great deal published about these areas? *If so, how recently? *How well has it been covered? *Do I have an approach to any of these problem areas that I could share with others?

Having decided on a general topic on which you wish to write, you then need to refine it and formulate the approach you wish to take. Some questions to ask yourself might include: *What is the purpose or goal of my proposed publication? *Am I trying to inform, or persuade, or incite action, or...? *Have I defined my topic in such a way that it is broad enough to address the interests and concerns of a broad audience, but also narrow enough to be handled within the length of the publication I am planning? *Should this publication be research-oriented, or informational, or descriptive of the literature in the field? Implicit in this set of questions is the assumption that you have selected your target publication; this selection process will be discussed in the next section of this paper.

B. Research your topic:

It may be necessary at this point to do an extensive research study of your topic, in order to become familiar with all the literature in that particular area. Again, ask yourself: *Is the information I have gathered complete, accurate, and up-to-date? *Have I consulted a variety of sources? *Have I gathered material that will help answer the questions I may expect my readers to have? *Have I suggested sources to which my readers could go for further study of the topic? *Have I used both primary and secondary sources?

It is usually desirable, after completion of the literature search, to write a short outline of the article you intend to write, for your own use in organizing your ideas and materials. This process may indicate any areas that need further researching; it may also show that you have undertaken too large a subject and that you need to refine it even more than previously done.

C. Writing your article:

Most authors start by writing a first draft of their work, based on the outline previously developed. This first draft need not be grammatically correct nor need not flow in a completely orderly fashion since it will undoubtedly be revised and changed considerably. It is important, however, at this point to focus on your audience and ask yourself: *Is it written in such a way as to gain my readers' attention? *Does it tell them why they should be interested in the topic? *Does it give them new information or understanding of the topic? *Have I written for the "skimmer" as well as for the person who reads all such materials in depth? *Have I been careful not to assume that because I know certain facts and information that my readers also know them.

After your first draft has been completed, you will gain much by putting it away for a day or so, before going back to it to revise it. Many writers find that the most effective use of the second revision is to determine how well the ideas have been covered and how well the subject has been developed, in an orderly, flowing manner. The next revision, then, can focus on the actual writing style and form of the article.

Some suggested rules to be followed in achieving clarity and directness in your writing are: *Don't use any phrase that you're used to seeing in print--especially the trite, jargony phrase that may have lost any real meaning to professional readers. *Never use a long word when a short one will do since such word usage may only serve to make your meaning vague and unclear. The exception to this is, of course, when the longer word has a specific meaning for the readers of the article. *Try to cut out words, rather than to add words--again, in order to achieve the goal of clarity of thought and expression. *Never use the passive voice when you can use the active voice since the passive voice often contributes to confusion as to "who is doing what to whom." *Focus on using the precise word to fit exactly what you want to say; this is often easier in writing about technical subjects than non-technical areas, but it is equally important in either type of writing.

Look carefully at your writing style, striving for clarity, brevity, conciseness, and smoothness. In addition to some of the suggestions above, you should give careful consideration to freedom from ambiguity, orderliness in presentation of ideas, and smoothness in transition from paragraph to paragraph and from section to section. The APA Publication Manual (1974) has described the successful writer as one who "invites readers to read, encourages them to continue, and makes their task agreeable by leading them from thought to thought in a manner that evolves from clear thinking and logical development" (p.25).

Writing style may also be interpreted to mean the mechanics of writing, and we suggest that you refer to a standard stylebook or sheet to insure style consistency within and among publications. This also includes the need of consulting the guidelines for authors in the publication to which you will be submitting your material. (See Appendix A for examples of these guidelines.) If your article is research-oriented the checklist from Anderson and Kerr (1968), in Appendix B, will be helpful to you.

Another aspect of your writing style that you must consider is that of writing in a non-sexist way. The APA Publication Manual Change Sheet 2(1977) has provided helpful guidelines for avoiding sexism in your writing. It is best to use words that eliminate or minimize the possibility of ambiguity in sex identity or sex role and that do not stereotype persons because of their sex.

After you have written and rewritten your article until you feel it is as well-written as you can make it, we recommend that you ask someone, preferably someone who is somewhat familiar with the subject matter, and also with some reasonable writing skills, to check the copy for unity, readability, and clarity.

Your target publications

Everyone of you have favorite publications in your professional field, that you enjoy reading because you gain, professionally, from time spend with them. These publications are probably the best ones for you to submit your own material to, because they are likely to be written in a style consistent with your own style and to present material that is related to your areas of interest and expertise. In addition, their readers probably share many of your ideas and interests and their editorial board is apt to be more favorably inclined toward the material you will be submitting for consideration.

Some of the publications that you may want to consider are:

Journal of College Student Personnel, published by American College Personnel Association (a division of American Personnel and Guidance Association);
Journal of Rehabilitation, published by the National Rehabilitation Association;
Personnel and Guidance Journal, published by American Personnel and Guidance Association;
Counselor Education and Supervision, published by Association of Counselor Education and Supervision (a division of APGA);
Vocational Guidance Quarterly, published by National Vocational Guidance Association (a division of APGA);
Rehabilitation Counseling Bulletin, published by American Rehabilitation Counseling Association (a division of APGA);
Journal of Counseling Psychology, published by American Psychological Association, Division 17 (Counseling);
Disabled USA, published by the President's Committee on Employment of the Handicapped; and
others that we are sure you may know of.

When you have identified journals that might be appropriate vehicles for publication of your material, your next step should be to spend some time browsing through them, looking for any trends in their articles. Are they primarily research articles? Are they practical, "how to" articles? Are they theoretical? Etc., etc. This will help you determine the best target publication(s) for your article, and the best approach to take.

Having identified your first target publication, read their "guidelines for authors" carefully, so that you are certain to put your paper in the form required by that editor and that publication. Watch particularly for such things as number of copies to be submitted, bibliographical format to be used, etc. When you have determined those things and your article has been completed and sent in, you can only wait patiently until you hear as to acceptance or non-acceptance of your article. Since all of the journals listed above are "juried" journals, it may be several weeks before you receive word about their reactions to your article. In the meantime, you should never submit the same article to another publication for consideration.

How professional publications choose articles for publication:

In the previous section, we referred to "juried" publications. This phrase is used to mean publications that accept articles from readers, submit them to an editorial board for reading and for acceptance or rejection for publication in that journal. In most cases, each manuscript submitted is read by 2 or 3 members of the editorial board, with special expertise in the area addressed by the paper. Before submission to these members of the editorial board, the name of the author and all identifying information is removed so that decisions are made strictly on the basis of the manuscript. The editor of the journal also reads each article submitted, with special interest and consideration for its appropriateness for that publication.

The majority of editors ask editorial board members, in reacting to the manuscripts, to decide among several dispositions of the manuscript. These may include: (1)Accept as is for publication; (2)Accept for publication after minor changes have been made; (3)Return to author for possible re-submission after major or minor revisions; or (4)Reject. In the second case, the exact nature of the changes is spelled out by the editor, incorporating suggestions made by the editorial board member readers. In the third case, the editor usually writes a comprehensive critique of the manuscript, including all suggestions and criticism submitted by the original readers, along with his/her own comments and suggestions. This sort of critique can be most helpful to the author and serious consideration should be given to a re-writing and resubmission of such a manuscript. In the last case, when an article is rejected, the editor also provides a thorough critique of the manuscripts, its strengths, and its weaknesses. In some cases, an editor may suggest other publications which would be more suitable for that particular article.

The criteria used by various editorial boards vary somewhat, but there tends to be some similarities in the areas covered. They usually include both content and form of presentation. The ratings on content may be based on the importance of the topic and on the soundness of its contribution to the field; the presentation criteria usually includes attention to clarity of the writing and adherence to professional standards of writing. One of the reputable journals in our field, in its manuscript review process, asks its raters to respond on a 1(acceptable) to 4(not acceptable) scale, to a range of criteria points, including: the introduction, the literature review, organization, writing style, range of interest, methodology (if research article), the title, and some general criteria as to timeliness, innovativeness, significance, and generalizability of the subject matter. In almost every case, a final rating is made by the editorial board member as to overall acceptability for their journal. (See Appendix C for a suggested APGA criteria.)

Conclusion

In summary, we feel it is not as difficult to "publish" as many of us have originally believed it to be. If you as a would-be author follows some of our suggestions, we may well expect to see your name on an article in one of our professional journals soon.

References

Alexander, J.L., and J. Wall, "Righting the Wrongs of Writing: Copy Editors Speak Out." Personnel and Guidance Journal, 1975, 53(10), 768-773.*

Anderson, J., and Kerr, A.H., "A Checklist for Evaluating Educational Research." Educational Research, 1968, 11(1), 74-75.

American Psychological Association, Publication Manual. (Second Edition). Washington, D.C.: American Psychological Association, 1974.

American Psychological Association,"Publication Manual Change Sheet 2, Guidelines for Nonsexist Language in APA Journals." Washington, D.C.: American Psychological Association, 1977.

Turabian, K.L. A Manual for Writers. (Fourth Edition).Chicago: The University of Chicago Press, 1973.

* This article, written by two of APGA's publications staff, can give you important insights into the most troublesome problems encountered by copy editors (those of grammar and syntax and those of style and readability.

APPENDIX A

Example 1:

GUIDELINES FOR AUTHORS
(From Rehabilitation Counseling Bulletin)

Rehabilitation Counseling Bulletin seeks articles illuminating the theory and practice of rehabilitation counseling and exploring innovations in the field. If you wish to contribute to the journal, follow these guidelines. All manuscripts not meeting the specifications detailed below will be returned to the authors before review for publication.

* Manuscripts should be well-organized and concise so that the development of ideas is clear. Avoid dull, stereotyped writing and the use of jargon. Aim at the clear communication of ideas. Do not use the generic masculins pronoun or other sexist terminology.

* Avoid footnotnes wherever possible.

* Tables should be kept to a minimum. Include only essential data, and combine tables where possible. Refer to recent issues of this journal for table style. All table columns must have headings. Double-space all tables. Each table should be on a separate page following the reference section of the article. Final placement of tables is at the discretion of the production editor; tables will be placed near their first reference in text.

* Supply figures (graphs, illustrations, line drawings) as camera-ready art done by a commercial artist. Art must be original and of a quality that can be photographed clearly exactly as is. All lines and printing must be completely black; otherwise it will appear gray or blurred when printed. Figures and their lettering must be in proportion (e.g., no huge figures with small lettering), because figures are often reduced in size for publication.

* References should follow the style of recent issues of the journal. Check all references for completeness, including year, volume number, and pages for journal citations. Make sure that all references mentioned in the text are listed in the reference section and vice versa. For other questions of style, consult the APA Publication Manual (2nd ed., 1974). Double-space all references.

* Article title and heading should be as short as possible. On a separate page place the title of the article, the names of the authors, their professional titles, and their institutional affiliations. Double-space all title-page material.

* Articles should include a capsule statement of not more 100 words with each copy of the manuscript. This statement should express the central idea of the article in a nontechnical language and should appear on a page separate from the text.

Example 2:

GUIDELINES FOR AUTHORS
(From the Journal of College Student Personnel)

The Journal of College Student Personnel publishes manuscripts directed to the common interests of college student personnel, particularly articles dealing with research, professional issues, and new approaches to improve student services in collegiate institutions of postsecondary education. When submitting a manuscript for publication, use the following guidelines:

* Send an original (typed on 8½" X 11" white bond) and two clear copies.

* Double space everything, including references, quotations, tables, and figures. Leave extra space above and below subheads and a one-inch margin all around each page.

* Note that we do not use the generic masculine pronoun or other sexist terminology.

*Avoid footnotes wherever possible.

* Place each figure and each table on pages separate from the text. Supply figures as camera-ready art. Include only essential data in tables, and combine tables wherever possible. Style for tables is that of this issue of the Journal.

* Reference style is that of this issue of the Journal. Only items referred to in articles are listed as references.

* Never submit manuscripts under consideration by another periodical.

* Do not submit material previously published, in whole or in part, unless this Journal Editor is informed at the time of manuscript submission and gives permission for consideration by the Editorial Board.

* Full-length articles should not exceed 3,500 words (approximately 13 pages of double-spaced typewritten copy including references, tables, and figures).

Articles should include a capsule statement of not more than 50 words with each copy of the manuscript; this statement should express the central idea of the article in nontechnical language and should appear on a page separate rrom the text. Article titles and headings within articles should be as short as possible. General style is that of this issue of the Journal.
* "On the Campus" articles should not exceed 600 words. They should briefly report on or describe new practices, programs, and techniques. Authors should have additional background or supplemental information for interested readers who may request it.

Note: Authors are responsible for the accuracy of references, quotations, tables, and figures. Authors should make sure that these are complete and correct in manuscript to avoid costly changes on the galley proofs. Submit manuscripts to ______________, Editor,....... Manuscripts will be acknowledged on receipt. Following preliminary review by the Editor, they will be sent to members of the Editorial Board. Manuscripts not accepted will be returned for revision or rejected. Several months may elapse between acknowledgement of receipt of a manuscript and notification concerning its disposition. On publication, senior authors of articles will receive 5 copies of the Journal; other contributors will receive 2 copies.

APPENDIX B

RESEARCH CHECKLIST

	Excellent	Acceptable	Unsatisfactory	Missing	Not applicable
I. PROBLEM STATEMENT					
1. Is the problem clearly stated (labeled)?	4	3	2	1	0
2. Is the problem researchable?	4	3	2	1	0
3. Is the need for the study demonstrated?	4	3	2	1	0
4. Are the variables defined operationally?	4	3	2	1	0
5. Are hypotheses stated clearly?	4	3	2	1	0
6. Are objectives stated clearly?	4	3	2	1	0
7. Are the delimitations set forth?	4	3	2	1	0
II. REVIEW OF LITERATURE					
8. Is the review related to the problem?	4	3	2	1	0
9. Is there a critique of research leading to the statement of the problem?	4	3	2	1	0
10. Does the review logically guide the reader to the present study?	4	3	2	1	0
11. Are there sufficient background facts?	4	3	2	1	0
12. Is there use of primary sources?	4	3	2	1	0
III. PROCEDURES					
13. Are the population units defined and/or the source units of the data provided?	4	3	2	1	0
14. Are the sampling mechanics specified?	4	3	2	1	0
15. Is the representativeness of the sample demonstrated?	4	3	2	1	0
16. Is a time frame or referent for the study provided?	4	3	2	1	0
17. Is the design specified clearly?	4	3	2	1	0
18. Is the design internally consistent?	4	3	2	1	0
19. Is the procedure consistent with the hypotheses, objectives, and questions?	4	3	2	1	0
20. Is the method of data analysis specified clearly?	4	3	2	1	0
21. Is the method of data analysis appropriate?	4	3	2	1	0
22. Is the study replicable?	4	3	2	1	0
If the instrument already exists:					
23. Is reliability discussed?	4	3	2	1	0
24. Is validity discussed?	4	3	2	1	0
If it is self-constructed, is there a check on its:					
25. Reliability?	4	3	2	1	0
26. Validity?	4	3	2	1	0
If a recorder was used, was it:					
27. Reliable?	4	3	2	1	0
28. Valid?	4	3	2	1	0
29. Is the instrument appropriate for purposes of the study?	4	3	2	1	0
IV. FINDINGS					
30. Is there congruency between the results and the discussion?	4	3	2	1	0
31. Is there congruency between the discussion and the hypotheses? (initial statements)	4	3	2	1	0
32. What is the quality of reporting? (How well does the author present information that is analyzed)	4	3	2	1	0
33. Are the generalizations (external validity) consistent with the data?	4	3	2	1	0
34. Is the summarization of the findings provided?	4	3	2	1	0
35. Are the conclusions consistent with the discussion?	4	3	2	1	0
36. Are the limitations set forth?	4	3	2	1	0
V. GENERAL					
37. Is the title appropriate?	4	3	2	1	0
38. Does the bibliography seem to be related to the central thrust of the study?	4	3	2	1	0
39. Is the study free from repetition (padding)?	4	3	2	1	0
40. Is there logical organization?	4	3	2	1	0
What is the readability of:					
41. Section I (statement of problem)?	4	3	2	1	0
42. Section II (review of literature)?	4	3	2	1	0
43. Section III (procedure)?	4	3	2	1	0
44. Section IV (findings)?					

From: Anderson, J., and A.H.Kerr, "A checklist for evaluating educational research," Educational Research, 1968, 11(1) 74-75.

APPENDIX C

APGA PRESS MANUSCRIPT EVALUATION FORM

Title____________________________________ Author(s)________________________

Reviewer___________________Date of Review__________ Review Due_______________

CONTENT: The quality and importance of the research and the ideas reported are evaluated independently of the adequacy of their presentation. (Please circle one letter.)

A	B	C	D
Important, major contribution, publish as soon as possible	Sound, solid contribution; warrants publication	May be published if cogency is improved or analysis is extended	Insufficiently sound or important to warrant publication

PRESENTATION: Orderly, clear, and interesting presentation; adherence to professional standards of writing. (Please circle 1 letter.)

A	B	C	D	E
Exceptionally well written; needs only routine editing	Satisfactorily written; can be improved by editing	Unevenly written; portions require rewriting	Poorly written; must be extensively rewritten	Badly written; beyond help

REASONS FOR EVALUATION AND SUGGESTIONS FOR REVISION:

POSSIBLE MARKETS FOR THIS PUBLICATION:

OTHER TITLES NOW IN PRINT ON THIS SUBJECT:

OTHER COMMENTS:

Recommended for publication ________ Not recommended for publication______

Long-Range Planning

SO YOU HAVE NO STAFF AND NO MONEY - IS A QUALITY SERVICE DELIVERY PROGRAM POSSIBLE?

Rich Harris, Ball State University
Gregory L. Thomsen, Marquette University

The answer is yes, no, and maybe. The answer for you will be dependent on your philosophy and definition of service delivery for the handicapped at your institution. The philosophy of the model we are proposing is based on a decentralized and facilitative model of service delivery. We believe that all units and personnel of an institution have the obligation, right and opportunity to serve, work with and assist in the education and personal development of handicapped students. The primary objective in our idea of a handicapped services program is to promote the maximum independence and personal growth of handicapped students. The objective of promoting independence and personal growth of handicapped students can be achieved quite effectively with a limited staff and budget. Conversely, a large staff and budget will not assure that handicapped students will experience personal growth and a greater sense of independence.

Coordination/Facilitative Approach

It is not unusual that a newly originated Office of Handicapped Services at a university will become the dumping place for all problems for all handicapped students. Assuming the responsibility of becoming all things to all handicapped students can become overwhelming as well as defeat the purpose and philosophy of a decentralized and facilitative type of service delivery program. Handicapped Services is perhaps one of the only university functions in which the traditional theory of turf building is not a problem. Other university persons are usually more than willing to recognize Handicapped Services by transfering handicapped student concerns to the Handicapped Services Office.

A core idea to a decentralized and facilitative service delivery system for the handicapped is that the size of the handicapped services delivery staff should be equal to the number of faculty, staff and support personnel of the institution. This concept literally means that the president, deans, faculty, directors, secretaries, students and physical plant personnel have inherent responsibilities for service delivery to handicapped students in their respective disciplines.

How do you incorporate all of these university professionals into your staff?

1. Develop a coherent office philosophy and implement direction and goals to that philosophy. If you are not sure of your office philosophy or direction, you will certainly not be able to lead or advise others. A written policy forces you to think about your philosophy and direction. It also gives you a document and point of reference to share with others and provides you with an excellent instrument for program evaluation. A handicapped student handbook or reference guide can serve the function of your office document.
2. Educate others regarding the shared responsibility concept. This can be done by example, in-services and by sending a copy of your office document throughout campus.
3. Teach people to become problem-solvers and innovators and recognize successes with a simple phone call or memo.

Style of Leadership

The fulfillment of your goals and office philosophy will be dependent on the style of leadership you practice to administrate your office function. It is important that a Handicapped Services Administrator be fair and honest in terms of evaluating circumstances from both an administrative point of view and from a handicapped student's point of view. You must learn to be an advocate for the handicapped, but yet protect the values of quality higher education. An important administrative characteristic to the Office of Handicapped Services is that of including others in the process of decision making so others can feel a sense of ownership and responsibility in the mission of Handicapped Services. Another critical function is that of disseminating information and being a clearinghouse of information. Forward pertinent information to appropriate persons throughout the University. A democratic leadership style would seem to be most appropriate and effective.

Introducing Handicapped Services Delivery to the University

The fact is that not everybody on your campus will understand or share your sense of mission. It is probable that most people won't even care about your mission. Concern is usually expressed when there is an immediate need to fulfill; but how can we best prepare people to meet immediate handicapped student needs, or to plan to meet more long term needs?

It is important that we be ready to meet needs as they arise by organizing appropriate materials, video tapes, films or booklets for resources. Again, a clearinghouse of information. We must also recognize that the Handicapped Services Coordinator is not always the best person to represent the handicapped or communicate the needs of the handicapped students. Faculty and staff may find an in-service, for instance, much more meaningful if handicapped students or employees are involved as communicators of their own needs. It then may become evident that the handicapped need not be protected or spoken for, and that a direct communication line can and should exist between handicapped student or employee and faculty and staff. This is also an excellent introduction of faculty, staff and the handicapped to the facilitative and decentralized approach to Handicapped Services. Inherent in the in-service is identification of resource persons, education regarding the process of Handicapped Services and development of direct line communication between the handicapped and the non-handicapped.

Spreading the Ownership

In the decentralized and facilitative approach to service delivery for the handicapped is the core element of shared responsibility for the services delivery process, and therefore, sharing the credit for accomplishment. The Handicapped Services Coordinator must be a person who can implement the shared ownership concept in an effort to foster responsibility for handicapped students' education throughout the campus. Along with that sharing of responsibility, though, must also be a sharing of credit for contributions. It is vital to acknowledge a job well done or an innovative idea from a faculty person, for instance, who assumed the responsibility for helping a handicapped student participate equally in class. Spreading the ownership and responsibility of a Handicapped Services Office will help to perpetuate that concept throughout a campus.

Information Sources

The potential of questions and situations confronting a Handicapped Services Coordinator can be limitless. To facilitate a decentralized service delivery it is important to be a clearinghouse of information and resources. There are countless organizations and information resources like AHSSPPE and HEATH available. Other invaluable information resources are handicapped students and employees. Their insight and experience are oftentimes shortcuts to otherwise overwhelming obstacles. Handicapped consultants need not be confined to the university. Handicapped persons in the community can also share the same expertise in problem solving. Unique problems can often be a challenge for handicapped students to pursue and again, the shared ownership and responsibility is important to implement.

It can also be useful to develop a library of resources and information for use by anyone, and keeping it current will be no problem with the volume of information presently available.

A basic fact to remember in the dispersement of information is that no question is a dumb question. All questions represent interest and interest is always preferred to disinterest and ignorance. The interest associated with dumb questions can be used to educate, but the ignorance associated with disinterst is much more difficult to deal with.

Use of Disabled Students (Graduate/Undergraduate). As Employees and Staff

A number of advantages can be found in using handicapped graduate or undergraduate students as office employees. A significant advantage is that the handicapped student will bring to the job a natural expertise as a result of being handicapped. The entire educational and sensitivity training may well be transcended as a result of the inherent expertise. The handicapped student employee may also provide an automatic communication link with other handicapped students and non-handicapped students interested in handicapped student affairs. The influence within peer groups may be invaluable to the development of advocacy and student involvement.

Cost efficiency associated with using student employees is significant especially if work study can be utilized. The experience of functioning on a real job can be very educational for the handicapped student and can also be an advantage for the student's work experience and reference record later.

Several disadvantages may be associated with handicapped student employees. Combining work with a student's study load might be hazardous if the student is not prepared for the demands of both work and study. Another factor to consider is the time frame of the school year. The student's work schedule will be dependent on the university time operation, i.e., holidays, vacations and summers may prompt a high rate of turnover. A philosophical concern evolves from the idea that the handicapped may be the best qualified to work with the handicapped. This may not always be true and in fact may be limiting to qualified and competent non-handicapped persons. The fact that a person is handicapped does not imply that they are naturally qualified to work with other handicapped persons.

Office Operations Manual

A manual describing the office system of functioning can be useful in introducing officer operation and philosophy to others. Such a document also promotes consistency in the office operation and helps make it easier to be objective and measure successes, trouble areas and plan for improvement. The document can most conveniently be designed as a handicap handbook or guide to the university. As a handbook it is not only a useful office operations manual, but a resource guide encouraging independence of handicapped students and involvement of faculty and staff.

Greater office organization can also be implemented through the use of information forms, referral sheets and other such records documenting prospective student activity, student information and the like. Those documents follow progress, especially during preadmission and admission and call for closure of each step along the process. The organization and documentations help to prevent confusion and maintain a smooth transition for the student.

Where is the Money Coming From

Money is often a critical problem preventing a Handicapped Services office from functioning as effectively as possible. There are, however, a number of ways to secure funding if one digs hard enough. A fundamental network to a variety of budgets is simply to use other people's budgets as often as possible. A handbook describing classroom procedures for handicapped students could most likely be funded through academic affairs since it is primarily concerned with an academic affairs function. Likewise with a number of other projects that align closely with specific areas or disciplines throughout the university. This idea further promotes the concept of shared ownership and responsibility for handicapped student service delivery.

Announcements are often made for projects funded through both private and public sources. These announcements are made in the Federal Register, the Catalog of Federal Domestic Assistance, Handicapped Funding Directories and a number of other resources easily available to the public. Consult with colleagues and handicap organizations and resources for the most current information and submit proposals as they address your institution's needs.

Another group of potential funding resources that must be utilized carefully are student organizations, philanthropies and the like. Funding secured will undoubtedly be useful but it must be done in such a manner that it does not elicit sympathy and the "poor handicapped student" attitude. If a soliciting campaign is launched with an attitude of empathy it can be constructive and promote growth in attitudinal development toward the handicapped on campus. The detrimental impact of a sympathetic approach to funding solicitation may be tremendously difficult to overcome.

Another efficient resource is that of volunteers. Many handicapped students' functions can be performed by volunteers but it is important to maintain realistic limits to volunteerism. Volunteers are useful on a limited basis but it would be unfair and unrealistic to depend on volunteers for functions requiring the time and demands of a regular employee.

Community Resources

Depending on the size of your community, the resources available in that community may become very useful as supplemental services offered to handicapped students at the university. Cooperation and affiliation between the university and community is always useful and the cooperative services will cost the university nothing. Community resources may include rehabilitation hospitals, workshops and schools, centers for independent living, public transits, disability coalitions, other educational institutions and schools along with a host of other possible resources. Cooperative adventures outside of the university again reinforce a decentralized and facilitative service delivery in addition to expanding the student and Handicapped Services function beyond the confines of the university.

BUILDING LINKAGES WITH THE REHABILITATION AGENCY: DEVELOPMENT AND IMPLEMENTATION OF A MODEL PROGRAM

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ABSTRACT

Effective communication between the rehabilitation agency and the post-secondary institution is vital to the success of the student/client. Communication is necessary at the administrative level as well as between counselors and coordinators of service delivery. In order to achieve effective communication and thus maximize benefits to the student/client, the Bureau of Rehabilitation and Macomb County Community College developed the Macomb Model. This model includes a standardized referral process, feedback mechanisms, liaison staff responsibilities and opportunities for joint inservice. Implementation of this model has resulted in effective linkages between the college and the agency, better service delivery, greater awareness of the needs and capabilities of handicapped students by the college community as well as increased numbers of handicapped students.

It appears a greater percentage of handicapped students are attending community colleges than four year institutions. Whether students are actually achieving greater success and their needs being met more effectively at the community college is inconclusive. There are, however, advantages to the handicapped student in the two year community college. First, the educational institution is usually close to the student's home and the various support services the individual has previously utilized. These services may include the rehabilitation agency. Second, many community college campuses tend to be new and relatively free of physical barriers. Third, community colleges are eligible for set-aside funds from the Vocational Education Act; these can aid in providing support services to eligible students. Finally, it might be argued that community colleges are generally accepting of diverse and non-traditional populations.

One of the primary obstacles to providing effective service delivery is the very nature of the open door institution. On the one hand the open door policy encourages access while on the other it creates difficulty for those individuals charged with ensuring program access. Early identification of handicapped students and their needs can be especially difficult.

Macomb County Community College is a large, comprehensive two-year institution situated just to the north and east of Detroit. As a result of a health survey conducted in 1978-1979, the college projected that some 1,000 of its 27,000 students had a handicapping condition, permanent or temporary. Many of these students require some sort of support service.

For the past ten years Macomb has worked closely with the two local district offices of the Bureau of Rehabilitation to serve handicapped students more effectively. However, about four years ago the number and diversity of handicapped students requesting support and the initial impact of Section 504 caused college administrators to reevaluate approaches to handicapped students and resulted in a facilities grant from the Bureau of Rehabilitation, Michigan Department of Education. One of the primary purposes of this particular project was to develop an articulation process between the college and the rehabilitation agency to facilitate communication and achieve greater access to the college for the student/client.

An initial review, prior to the writing of a proposal, revealed areas of concern which became the proposal's focus.

Several agencies and various units within the college were providing services to handicapped students, but frequently without coordination and even occasionally at cross purposes. Since the college and the Bureau of Rehabilitation were the principal service providers, their effective linkage was particularly important.

A second area of concern focused on physical and programmatic barriers faced by the student/client. These were often a result of a lack of understanding of student needs on the part of college faculty and administration as well as a lack of indepth understanding of college programs and resources on the part of rehabilitation personnel. Provision of inservice to college and rehabilitation staff was one strategy identified to eliminate physical and programmatic barriers. Equally important was the encouragement of frequent communication among service providers and especially with the handicapped students themselves.

There was also a tendency to see and often to treat handicapped persons as a homogeneous group rather than as individuals with unique needs. At the same time programmatic implications for individuals with certain characteristics were identified. Such an identification could become a general model for service delivery to a particular population and would provide a consistent and efficient support strategy.

The linkage between the college and the rehabilitation agnecy was vital to the establishment of such a strategy because only through clear referrals, effective inservice and good, direct communication, including the student/client, could access be assured.

To insure close coordination between the Bureau of Rehabilitation and the college an articulation process was initiated. Over the past few years this has resulted in far closer and somewhat different linkages than were initially envisioned. Liaisons were designated by both the college and the local Bureau of Rehabilitation District Offices. Currently a college special services administrator has general responsibility to coordinate a referral process, to develop inservice for college and agency personnel and to make the agency generally aware of college program and policy development. As a member of the college 504 Committee, it is his responsibility to relate available agency services to existent college resources and to articulate student needs to the committee.

The two local district offices appointed a counselor responsible for liaison with the college. This person coordinates college referrals, introduces new agency personnel to their college counterparts and college programs. The liaison also routinely reviews and recommends the direction further articulation should take between the agency and the college. Initial results of the articulation effort included a written referral form and procedure between the agency and the college Special Services office and a waiver/release that enables counselors to discuss student progress and share class schedules, grades and other appropriate information.

These formal procedures strengthened communication channels and have resulted in a much closer day to day working relationship between college Special Services and agency counselors. The net result for the student/client is the two professionals, often possessed of different skills, are now working together to provide a support system which is condusive to college success.

As people began to talk, the felt needs and concerns of various groups including faculty, counselors and agency personnel began to surface. These became the subject of inservice activities. For example, Bureau of Rehabilitation staff are inserviced on campus each semester to various college programs. Agency staff have provided inservice to college personnel on Social Security disincentives to involvement by handicapped students in cooperative education. Students, agency and college staff have provided college teaching faculty orientations to Section 504 and various handicapping characteristics. A direct result of such inservice is greater access to the college by the student/client.

Effective articulation and frequent inservice have led to a broader base for programmatic innovation and the cooperative development of service delivery models between the agency and the college. For example, models for delivery of services to those with hearing characteristics, visual characteristics and mobility limitations have been proposed. These became a basic plan for service to students. While not every student is supported in exactly the same way, the general guide for service insures more efficient dispatch of details, i.e., securing interpreter services, and is a document that provides continuity across counselors; it can also be used as a point of departure for further programmatic development. One of the important outgrowths of the initial model service delivery development has been cooperative efforts on the part of the college and Bureau of Rehabilitation staff to attach and remedy particular concerns; one recent example is the staffs attempts to increase participation of handicapped students in Macomb's cooperative education program.

Eighteen months have passed since the facilities grant funding ended. The project evolved into an ongoing process. These observations are now offered:

- The referral procedure does work effectively in terms of exchange of relevant information when all steps in the process are followed
- The procedure needs periodic review, especially in light of counselor turnover at agency offices
- The quality of agency referrals has been consistently high
- Agency staff report that clients' needs for support services are met effectively and efficiently
- There continues to be a need to integrate county high school special needs counselors into the process as another method of identifying potential students
- The efforts to build a core of knowledgeable and supportive faculty has met with success and continues
- The responsibilities of liaison staff need to be clearly delineated
- College staff have become increasingly knowledgeable in ways to deal with specific groups (e.g. deaf and hearing impaired, learning disabled)
- Models of service delivery, once documented, will be improved and can provide continuity despite staff changes
- While a separate office for handicapped students is not always required, overall coordination is. This may be the responsibility of a 504 Task Force or Committee
- The process of articulation is endless

The authors would like to acknowledge the contributions of the following:

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THE SYSTEM IS THE SOLUTION

Pat Marx, Wright State University

ABSTRACT

Project management techniques within the Systems Theory Concepts may have a valuable role to play in meeting the needs of disabled students. This paper attempts to highlight an application of project management to Handicapped Student Services at Wright State University.

Introduction

Postsecondary educational institutions are, in general, traditional organizations with a hierarchical structure. This structure dictates vertical flows of information and resources but ignores the critical flow of information and coordination among various departments and divisions. Since many tasks require flows in all directions, the staff/faculty develop an informal organization. This informal organization becomes a strong vehicle on campus. The strength, however, lies in the personalities of the individuals rather than in the structure itself. These informal arrangements are not binding and often leave with the person.

Problems for HSS Coordinators

While the traditional organization design is functional and practical for many of the challenges facing postsecondary institutions, it is not functional for the implementation of a system responsive to the needs of handicapped students.

The task of the coordinator's office requires quick and effective access to other departments and staff at all levels. HSS coordinators, however, typically lack the history on the campus to be a part of the informal structure and lack the mandated support of the administrative level to develop a responsive system. As stated by Dr. Robert Conley at the 1978 national conference on postsecondary education and the disabled student:

> If the administrative system of an educational institution is to be sensitized to the needs of individuals with disabilities, it is essential to have the support and commitment of the chief executive officer. This commitment must go beyond, what I term, mere lip service. It must be clearly evidenced in university policy decisions, budgetary provisions and external affairs. It must be manifested by the creation of a supportive environment which is conducive to the development of an awareness and understanding of the needs and aspirations of the individual with a disability. In my opinion, this supportive atmosphere can be facilitated to a large extent by the process one uses in addressing the concerns of the handicapped student in particular. (p. 201)

Clearly one coordinator cannot produce the change necessary for full participation. As coordinators we need the skill and talent of many people throughout the university system. We need to maximize the use of that talent while minimizing the time and cost involved. It is essential to recognize that the university has many demands placed on it. The institution has stated goals and objectives. It is our task to know and understand these parts and define a plan that integrates the priorities and needs of the disabled student with those of the institution.

One approach to this problem leads to the implementation of project management as a method of addressing the system changes necessary to accomplish a new and unique task within a bureaucratic structure in a short time period. The application of project management may have significant advantages to postsecondary institutions in meeting the needs of students with disabilities.

The following analysis of Handicapped Student Services at Wright State University lead to a proposal for project management (PM). While to date it has not been implemented, the process of the analysis may help coordinators to take a fresh look at the effect of the system on the progress (or lack of it) towards full participation of disabled students.

ANALYSIS

Background

Handicapped Student Services (HSS) is a subsystem of the Division of Student Affairs (DSA). Handicapped Student Services was created in 1970 with the following objectives as stated in the plan submitted to the Office of Education "to meet the needs of physically disabled students attending Wright State University; and, to maximize educational opportunities for disabled students through improved support services."

Between 1970-75, the direction of the department was focused on these two objectives with detailed growth patterns for both service implementation and student expansion. Evaluations were conducted every six months to monitor quality and quantity improvements toward an estimated expansion of 450 physically disabled students. In 1972-75, the cost-benefit analysis conducted by the department of economics reflects the cost/savings rendered by the departments as $1.00/2.73 (Blake, Cleary, Quatrano, 1977).

The implementation of Section 503 & 504 of the Vocational Rehabilitation Act in 1975 required employers to take affirmative action to hire handicapped persons and postsecondary institutions to make their program accessible to handicapped persons. This created an almost immediate increased demand on the staff of HSS to assist in this planned implementation with businesses and colleges. The strategic planning arm of the institution endorses and encourages the participation of staff in these activities for the express purpose of:

1) improving the image of Wright State University
2) generating increased funds in research grants and equipment
3) improving employment access for Wright State University graduates
4) serving the community at large

In addition, HSS has been asked to assume principal responsibility for:

1) completing the 504 evaluation
2) developing recommendations for necessary corrective measures in university policies and procedures
3) conducting necessary training to prevent charges against Wright State University

These additional activities are clearly outside of the present purpose of serving disabled students enrolled at Wright State University. These activities require the interaction and integration with persons both within the DSA but also within other divisions of Wright State University and the greater environmental system.

To date, the success of garnering this cooperation has been due to the use of the informal organization and the effectiveness of the director in working outside of the existing chain of command. As the university moves more toward a formalized bureaucracy, the ability of the department to meet these new directions will be curtailed by both a lack of clear definition and the present organizational structure of the system.

Purpose of Analysis

The goal of this proposal is to incorporate these additional responsibilities through the delineation of goals and objectives; to analyze the flow of resources, information, material, people and technology given the broader base; and to use the systems approach to define the location of this operation within the university system.

Definitions

Handicapped Student Services (HSS) is a subsystem of Wright State University and the Division of Student Affairs.

Wright State University (WSU) is one of Ohio's 12 four year state assisted postsecondary institutions comprised of:

Colleges	Schools	Divisions
Business	Nursing	Student Affairs
Liberal Arts	Medicine	Campus Planning and Development
Education	Clinical Psychology	Intercollegiate Sports
Science & Engineering	Graduate Studies	Academic Support

The Division of Student Affairs (DSA) is a combination of nine departments each with a specific function in serving students attending Wright State University. These include:

- Admissions
- Recruitment
- Financial Aid
- Student Development
- Auxiliary Services
- Handicapped Student Services
- Career Planning and Placement
- Housing
- Veterans Affairs

HSS is a socio-technical system comprised of three primary areas of support service:

1. Physical Support
2. Academic Support
3. Career Development Support

System Operation

For the purpose of this analysis, HSS is the system under review.

HSS has operated under specific objectives with a specified timetable and detailed semi-annual evaluations.

Organization

WSU is in its 15th year as an independent postsecondary institution. During 1977-79, the university has gone through a major reorganization. Through that process, however, it has maintained a functional organization design. This reorganization coupled with the growth of faculty, staff and students has served to tighten the chain of command operational style of the administration.

New Direction for HSS

As indicated, the strategic arm of WSU has encouraged HSS to assume additional responsibility in the university, in the community and in the postsecondary education system. This responsibility is further defined in terms of assisting in the planned implementation of Sections 503 & 504 of the Vocational Rehabilitation Act of 1973. This encouragement, however, has not been coupled with any additional resources. It comes at a time when the internal operations of the university are becoming more bureaucratic. Specifically, a greater degree of interaction and integration of activities is required at a time when the bureaucratic nature and functional organizational structure mitigate against the same.

In reviewing the problem, HSS staff refined the general direction of the administration to the following objectives:

Objective:
1. to assist 30% of Ohio's postsecondary institutions in the planned integration of handicapped students by 1983.
2. to assist 50 of Ohio's private sector employers with affirmative action plans for hiring handicapped workers by 1983.
3. to increase participation of Wright State University faculty and staff in research and service grants on issues related to the handicapped by three grants per college by 1982.
4. to participate in the planning of state and federal government regulations on programs to meet the needs of the handicapped by 1981.

A System Approach

Because it considers the interdependencies and interaction of the subsystems necessary to carry out this new direction, a systems approach to this implementation is critical. As indicated by Cleland & King (1975) "The organization must be aligned so that the individual functions are brought together into an integrated, organized system with the parts related to a common goal." (p. 240)

The present traditional organization of WSU emphasizes the scalar principle of the vertical hierarchy with superior-subordinate relationships, an increasing bureaucratic operation within the vertical structure, and functionally defined departments. The new direction requires flexibility of HSS staff to operate vertically, horizontally and diagonally without the delays caused by following the chain of command. The activities require increased interaction with divisions, departments and colleges to meet the objectives of the strategic arm. Most importantly, the magnitude of the effort suggests a different approach to the activities than the university has previously used. Referencing this combination of skills and resources, Dr. Ron Smith indicated in his presentation at the second national conference on postsecondary education and handicapped individuals (1978) that "when we work with others and combine resource capability, we find we can accomplish a great deal more. The effect on resources is synergistic in nature..." (p. 205)

While it does incorporate a delicate balance between functional and project managers, project management using a matrix organization design appears to provide the flexibility necessary to successfully complete the activities outlined under the additional responsibilities in relation to the handicapped individual.

The matrix organization provides for a single focal point under the project manager. The project manager has the flexibility to negotiate with functional managers of departments, colleges and divisions for human resources to meet the goal of the university. Project management in the matrix organizational structure can draw on the experience of other departments to assist in the workshop planning and implementation. Individuals "loaned" to the project retain their functional operation base once their activities are completed on the project. Project management provides additional opportunity to improve the ability of all departments and divisions to respond to the immediate needs of handicapped students through the experience with the project i.e. negative entropy. The focus of project management is successful project completion rather than an addition to the university's bureaucracy.

The application of project management through a matrix organization is demonstrated in Figure 1.

Under the matrix organizational view, each of the functionally defined divisions, departments and colleges will remain intact.

HSS, a service function within DSA for students attending WSU, would be reassigned to the Office of Handicapped Affairs under the Office of the President. The services to handicapped students will be handled as a function of this office. Projects A-D will be assigned to a project manager with a permanent staff of one person. As planning for each project gets underway, staff of other functional divisions will be identified as persons to be co-located for purposes of the specific project. Most of the requirements under the defined projects can be handled by functional personnel assigned but not relocated to the project.

This design has the advantage of formalizing the informal operation presently used by the director and staff to meet the needs of handicapped students in attendance. It places the priority on the handicapped student that is necessary to continue to meet the students needs in a more complex bureaucratic organization. Further, it provides a vehicle for responding to the broader community needs. It maintains an open and proactive system as it reduces the subsystem culture in HSS.

Genral Systems Theory Concepts Analysis

1. Open vs. Closed

As presently operated, HSS is moving towards a closed system in that equilbrium is maintained through a narrow range of activities i.e. providing services to students. The major interaction required is with the academic division of WSU when a course modification or adaptation is required.

Under the proposed operation, the system is open and has proactive interfaces with the greater environmental system. Through the project management and matrix organization and environmental information is converted to a strategic plan and implementation method.

2. & 3. Components and Characteristics

The three principal parts of the present system are people, information and structure. Each part has a specific objective(s). The transformation process is characterized as a labor-intensive organization in that all major activities require a one-to-one relationship of staff to students. The present system necessitates basic information about physical disability, available adaptations and probable level of functioning with training.

Under the new system, the principal parts remain the same but their nature varies. Still labor intensive, the new direction will require people with basic knowledge in the following:

a) employment methods
b) assessing needs of employers
c) training programs
d) politics
e) research development
f) funding sources
g) engineering
h) economics

The structure or methodology for meeting the needs of existing students will not change directly. However, added to the present structure will be the identified methods for the new objectives under a project management approach. Emphasis will center on long range development of systems in business, education and health and welfare agencies that are responsive to the needs of persons with physical disabilities.

4. Differentiation

Under its present direction, the system is moving towards greater differentiations. Each member in HSS, is increasingly developing a narrow specialization within the student support service program. This same phenomenon is apparent in the WSU system with inflows to the strategic level coming from the greater environment and not being passed on efficiently to the coordinative or operations level. Likewise information flow from the operations to the strategic level has been curtailed. Consequently, the hierarchial dimensions of the organizations is reinforced, reducing the integration and interaction necessary to carry out the new directions.

If project management is adopted, the project manager will be in a better position to get/give timely information for appropriate planning and implementation. Project management will provide the flexibility through project/functional mangement interface necessary for new tasks.

5. Integration

The increased differentiation yields a more difficult process for integration of activities. The project management approach closely aligned to the Office of the President reduces the probable loss/delay of information in the system. Project management can capitalize on the differentiation through the grouping of team members with specific skills on a "doable" task and coordinating the tasks at the project management level.

The design of project management can provide a more efficient response to new demands in the greater environmental system through the project team approach.

6. Negative Entropy

The increased emphasis on research and the use of existing functional personnel with specific skills on the projects will lead to improved ability to respond to environmental needs with quality products. More importantly, the project approach will increase the number of personnel skills in applying their expertise to the problems of handicapped personnel. The long run effect should be a larger pool of persons able to address the problems of the handicapped student attending WSU.

This use of negative entropy is not apparent under the present system. The system is becoming more closed and thus having more difficulty interacting with the larger WSU system and responding to the greater environmental system.

7. Equifinality

Under the present system, subsystem cultures are becoming more apparent in HSS and in other subsystems of WSU. The project management concept has the advantage of improving the subsystems so as to maximize the whole. Presently, the responsibility and expertise is confined to HSS with information related to anything that says "handicapped" being eventually filtered to HSS. This process overlooks the variety of inputs required from all parts of WSU in order to respond. The informal system has to be used to influence other departments to join with HSS to respond. This is happening at the same time as the University has identified a broader set of objectives in relation to handicapped affairs.

Under the new system, the project manager will have direct access to the variety of inputs necessary to achieve this broader set of objectives.

8. Stability vs Adaptation

HSS has evolved into a highly stable and highly adaptive system. It has been proactive in its plans to meet the needs of handicapped students attending WSU. It has, however, been more reactive to changes in the greater environmental system. The participation in this new direction is more a reactive mode of operation which suggests a less adaptive system.

The project management approach will yield more timely information that is acted upon by the strategic level. Project management provides an internal method for translating the information to an operational plan in a proactive mode.

Summary

The new system design proposed by this author provides for improved information, material and resource flow from the strategic level to the operational level in a more timely fashion. Integration and interaction at the points of interface with the WSU system and greater environmental system should be improved. The interdependencies among the subsystems of WSU will be increased and the WSU system can be more responsive and proactive with its environment.

The project management concept as a new "idea" to the system will not be viewed as simple initially. Project management and the matrix organization, however, formalizes the informal structure and provides for integration.

Because of its ability to absorb change, the degree of flexibility is improved under project management. While initially it will cost more to implement project management, it is expected that the system will pay for itself through increased generation of research funds and increased goodwill in the larger community.

The key limiting factor, however, is the acceptability of the project management design for handicapped services. Because of tighter resources for all subsystems, some negative reaction will be based on the higher cost. In addition, there are members of WSU who feel the system places too much emphasis on the handicapped to the detriment of other subsystems. For this reason, the strategic level may be reluctant to broaden and formalize the organizations objectives.

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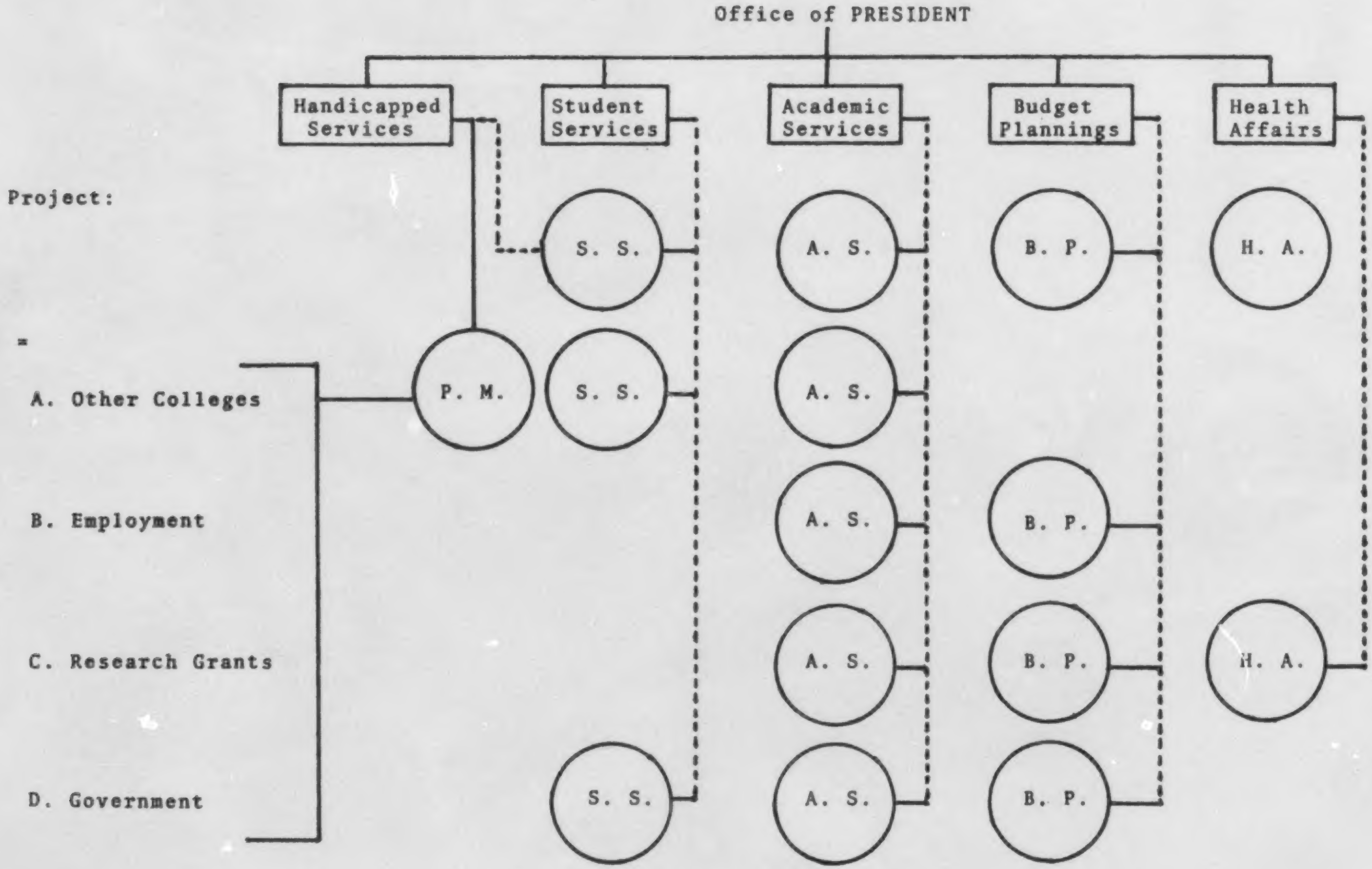
Figure 1 MATRIX VIEW


Office of PRESIDENT
Handicapped Services
Student Services
Academic Services
Budget Plannings
Health Affairs
Project:
A. Other Colleges
B. Employment
C. Research Grants
D. Government
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LEGISLATION: WHAT'S HAPPENING

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Warren King, Southwest State University
Chet Avery, U.S. Department of Education

ABSTRACT

The reauthorization of the Higher Education Act of 1965 provides the opportunity to re-examine many educational programs and make proposed changes that will make postsecondary education more accessible to handicapped students. Some of the proposed changes are modification of the student financial aid programs in order to make them more sensitive to the financial needs of handicapped students, a strengthened commitment from TRIO programs, and required orientation to disabilities for teacher certification. Complaints of testing bias and misuse led to two separate bills being proposed this year. Of major importance is an agreement between the Rehabilitation Services Administration and the Office of Education designed to coordinate financial assistance to handicapped students.

INTRODUCTION

During the past year, the AHSSPPE Legislative Committee has been contacted and asked to respond to various issues concerning higher education and the handicapped. The following contains summaries of some of the issues we believe to be of concern to the AHSSPPE membership.

PROPOSED LEGISLATION CONCERNING TESTING

Legislation at the federal level can dramatically effect the lives of the entire population. One such area of legislation, when passed, will significantly effect both the testing industry and the test takers, that is, those who must successfully pass an admissions test or a professional or occupational licensing examination.

Two bills have been recently introduced: H.R. 3564, Truth and Testing Act, and H.R. 4949, Educational Testing Act. Both bills are attempting to force accountability by the test agency as well as provide a learning experience for the examinee. Specifically, H.R. 3564 has three major purposes. First, it is an attempt to define and strengthen consumer rights by requiring the test agency to: a) delineate what the examination is measuring, b) provide a detailed breakdown of the subjects to be examined, c) provide the margin of error in the test scoring, and d) detail the manner in which test scores will be distributed to third parties. The second purpose is to add a learning element to the testing process and to insure that the goal of the examination is the assessment of educational competence and not discrimination. Third, the bill will make it unlawful to administer an educational or occupational admissions test which is graded on the basis of a relative distribution of scores.

H.R. 4949 is designed to ensure that test subjects and persons who use test results are fully aware of the characteristics, uses, and limitations of standardized tests in postsecondary education. It also provides the public appropriate information regarding the procedures, development, and administration of standardized tests while also providing for the promotion of greater accuracy, validity, and reliability in the development, administration and interpretation of such tests. Unlike H.R. 3564, it calls for a description of special services to accommodate handicapped test subjects, but it fails to explain or describe what or how these services would be implemented.

Currently, both bills are buried in the House and it is not anticipated that they will be dealt with during the remainder of this session. It is anticipated that H.R. 3564 will be introduced again in the next session.

While the federal government is becoming aware of the difficulties with standardized testing, they are moving rather slowly. As an aside, New York recently passed their own law requiring public disclosure and currently New Jersey, Pennsylvania, and South Carolina have submitted bills similar to the New York regulations.

CREATION OF THE DEPARTMENT OF EDUCATION

The U.S. Office of Education is no more. In its place is the Department of Education. For those of us in postsecondary education, this is more than just a name change. The former Office of Education was headed by an Assistant Secretary who reported to the Under Secretary and Secretary of Health, Education and Welfare. The new Department of Education is headed by a Secretary with different areas within it headed by Assistant Secretaries. Thus, in reality, the management positions in the new Department of Education have been raised two levels when compared to the old Office of Education. Therefore, when raising issues of concern with regard to postsecondary education, it is now possible to communicate directly with an Assistant Secretary and have the issues dealt with at that level.

The Office of Handicapped Concerns was established in July 1978, to provide leadership in the Office of Education and now the Department of Education, for accommodating all programs, policies and procedures to the needs of handicapped citizens. Over the past two years, a close interaction has developed between this office and the AHSSPPE Legislative Committee. This has proved to be a valuable link because it not only enables us to keep abreast of issues concerning handicapped and education, but it also enables us to provide input concerning these issues or raise issues of our own. This office also shares our belief that the problems encountered by handicapped individuals in postsecondary education are a postsecondary education problem and not a handicapped problem.

FINANCIAL AID FOR DISABLED STUDENTS

In January 1979, the U.S. Commissioner of Education directed the Office of Handicapped Concerns to review legislative reauthorization proposals for student financial aid and higher education programs to assure that these programs would meet the needs of disabled students. This review focused on the relationship between Student Financial Aid and Vocational Rehabilitation in funding disabled students in postsecondary institutions.

Recognizing the effective use of student financial aid employed by the Veteran's Administration with disabled veterans after World War II, state vocational rehabilitation agencies developed policies enabling vocational rehabilitation counselors to make student financial aid available to enhance the employability of their disabled clients. In the 1950's there were no Federal funds available on the basis of financial need until the National Defense Student Loan program was established in 1958. In the 1960's the SEOG, CWS and the GSL programs were established. In the 1970's the BEOG entitlement program and the SSIG and health loan programs increased the committment of Federal resource to provide equal opportunities for needy students, which was broadened to include middle income students when the 1978 Act of that name was passed. Thus in 1979 two vast complex student financial aid delivery systems were running parallel programs which were not fully being used by handicapped persons.

A look at how these two delivery systems impact upon handicapped students revealed that there was minimal coordination between the two providers and indeed there were significant administrative barriers to coordination between Vocational Rehabilitation and Student Financial Aid. Vocational Rehabilitation and Student Financial Aid administrators were experiencing numerous problems in trying to coordinate assistance for handicapped students eligible for both programs. And, as you can imagine, if Vocational Rehabilitation counselors and Student Financial Aid administrators were experiencing difficulties, certainly handicapped students faced major problems in trying to negotiate the two delivery systems.

Some of the factors causing these problems in coordination were:

1. Vocational Rehabilitation and Student Financial Aid have different criteria for providing assistance,
2. There was no mechanism for exchange of information between Vocational Rehabilitation agencies and institutional Student Financial Aid offices, and
3. Vocational Rehabilitation's individualized plan often did not coincide with Student Financial Aid's award process.

Additionally both providers had first dollar rules which meant that Vocational Rehabilitation agencies and Student Aid offices were not to commit their funds until all other resources had been packaged.

In the spring of 1979, a work group of representatives from Rehabilitation Services Administration and Bureau of Student Financial Aid was convened to address this problem of coordinating financial aid for disabled students in postsecondary institutions. This work group found that legislative changes were not required to improve coordination of these programs. The Rehabilitation Act already required that Vocational Rehabilitation agencies consider all available grant assistance in providing aid for clients in higher education.

Audits by Health, Education and Welfare, Rehabilitation Services Administration and General Accounting Office confirmed what the work group had already discovered, that is, Vocational Rehabilitation agencies were experiencing many difficulties in coordinating with Student Financial Aid programs. The work group decided that what was needed was not only legislative changes, but rather agreements, at the State level between Vocational Rehabilitation agencies and Student Financial Aid administrators to:

1. coordinate exchange of information,
2. develop a common data base, and
3. coordinate the packaging of funds for disabled students eligible for both programs.

Thus this work group developed the Federal agreement setting forth a series of principles for use by State Vocational Rehabilitation agencies and state associations of Student Financial Aid administrators in developing agreements in each state for improved coordination of financial assistance for handicapped students in postsecondary institutions.

The agreement covers handicapped students who enroll in postsecondary institutions served by 82 State Vocational Rehabilitation agencies and some 7,500 colleges, universities, technical and vocational schools which participate in Federal student aid programs. As a means of facilitating closer working relationships between postsecondary institutions and the various Vocational Rehabilitation agencies, the Federal agreement establishes working principles for the guidance of personnel who work with eligible handicapped students, in three areas:

1. Student Financial Information
2. Educational Cost and Student Benefits
3. Use of College Work Study

Student financial information

Vocational Rehabilitation agencies should use the same financial document and need analysis system as employed by the postsecondary institutions in assessing family ability to support a student in college. A single, uniform student financial aid application, to be adopted in the Summer of 1979 for use in all postsecondary institutions, and State and Federal programs must be used in the future by all students. Therefore, State Vocational Rehabilitation agencies should use this document in place of any other form now used to elicit measures of family financial strength. These agencies should also use the specific measure of family contribution toward a student's postsecondary educational expenses as defined by the OE approved need analysis system in use at each student's institution.

Educational Cost and Student Benefits

State Vocational Rehabilitation agencies in concert with state associations of Student Financial Aid administrators should arrive at an agreed upon policy as to which elements of the total budget for an eligible handicapped student are to be carried by the institution and which are to be borne by the VR agency. Such an agreement should specify the application of specific grant, loan, employment or support service funds to elements in the budget. Thus, both the Vocational Rehabilitation agency and the institution will be in agreement as to how the entire spectrum of student costs is to be met. Further, this agreement should make provision for the timely exchange of financial aid information between the VR agency and the postsecondary institutions. Such policy agreements should be communicated to all institutions within the State. Student budgets should reflect the special needs and requirements of handicapped students.

Each State agency should initiate an inquiry form for a student eligible for Vocational Rehabilitation benefits, who is also an applicant for financial aid.

This document, to be sent to the institution designated by the student, will request information in these catigories:

1. the budget to be used for the student;

2. amount of expected family contribution;
3. amounts and types of financial assistance to be offered by the institution, including the Basic Grant entitlement award, and awards from sources outside the institution, e.g., private scholarships, State Student Incentive Grants.

Once this data is returned to the VR agency, the student's counselor will be able to add the necessary budget items to be provided for by support services, thus establishing a complete package of student assistance. This added data will be provided immediately to the Financial Aid administrator at the institution to be attended by the student.

It is expected that the patterns of combining institutional and VR financial assistance will vary from state to state depending on the policy agreements worked out between the VR agencies and the state association of Financial Aid administrators. The full academic year cost to the student will include the standard items found in all student budgets plus such added expenses for support services as may be necessary. Once the calculated family contribution has been deducted, the remaining need may be met on a shared basis between the VR agency and the Financial Aid administrator.

Use of the College Work Study Program

The College Work Study Program, now operated by more than 3,600 public and private two and four-year institutions and some vocational-technical and proprietary schools may be utilized in a number of ways to provide assistance to eligible handicapped students. These include:

1. Provision of specialized jobs for handicapped students, both within the institution itself and under contract with public or private non-profit agencies.
2. Employment of students within the institutions except in proprietary schools who will provide necessary support services to handicapped students.
3. Contract arrangements between institutions and the Vocational Rehabilitation agency itself for off campus employment of students as, for example, counselor aides.

As is readily apparent from a review of this agreement, primary beneficiaries are needy disabled students attending undergraduate or certificate granting institutions on a half time basis or more. Handicapped students attending graduate school programs could receive some benefits from CWS, NDSL, GSL and the health loan programs.

In September 1979, the first meeting of an implementation group, established by the agreement, and including representatives of AHSSPPE, met in Washington to review issues surrounding the agreement and to develop an action plan. Also the OCR made an award to the Higher Education and the Handicapped Project to initiate a training program for Vocational Rehabilitation administrators and Student Financial Aid officers to provide technical assistance on how to develop, implement and train representatives from the two delivery systems to coordinate aid to disabled students. Several sessions have already been held with the last scheduled in October of this year.

REAUTHORIZATION OF THE HIGHER EDUCATION ACT OF 1965

The AHSSPPE Legislative Committee has provided input regarding the reauthorization of the Higher Education Act of 1965 starting with the Office of Education hearing in January 1979. Since the reauthorization requires legislation, this is an excellent time to attempt to bring about changes which will make postsecondary education more accessible to handicapped individuals. The three areas that we have identified as being critical are: financial aid, TRIO, and teacher training and professional development.

Financial aid

Consistent with the financial aid agreement already discussed, the following language has been included in the higher education reauthorization legislation, Senate Bill 1839, to make the following changes:

1. The criteria employed in developing the expected family contribution in the BEOG program will take into consideration special services,

transportation, equipment and materials costs attendant to disabled students.

2. Up to ten (10) per cent of the funds for the SEOG and CWS campus based programs, and the SSIG and GSL program, where state agencies are the lenders of last resort, will be able to be used for less than half time, non traditional students, which include large numbers of severely disabled students.
3. Committee report language will make recommendations that College Work Study funds be used to provide support services for handicapped students as well as for the employment of handicapped students.
4. The Section 495 institutional and student financial assistance consumer information program will require institutions receiving federal student financial aid to provide their publication information on special facilities and programs benefiting handicapped students.

TRIO

Special programs for students from disadvantaged backgrounds, commonly known as TRIO programs, are currently important to many handicapped students, but with some modification these programs can assume a greater role in the future. There are 3 major programs within TRIO: Talent Search, Upward Bound, and Special Services.

When the original enabling legislation was written for TRIO, it was targeted at poor, minority youths with academic potential. Shortly thereafter, a comma and the phrase "and handicapped" were added to the list of eligibility criteria. After considerable discussion of both the significance of the comma and the legislative intent, "physically handicapped" was added as an independent eligibility criteria under Special Services. This move was viewed by many as diluting a program designed for minorities by expanding the population to be served. While acknowledging the need for services for handicapped students, leaders who had fought for TRIO legislation were less than enthusiastic over the early handicapped student service programs funded under Special Services. Unfortunately, in some areas these feelings still exist.

Special Services has been and continues to be a logical program to fund handicapped student service programs. These programs provide handicapped individuals with support services which enable them to not only enroll in college, but to develop to their full potential. Because of their handicap, many of these have deficient primary and/or secondary educations. They often are ill-prepared for college or so limited in variety and scope of pre-college courses that they are severely restricted in vocational/career options. It is not uncommon for a handicapped student to come to college having had no high school science, no high school mathematics, and possessing limited writing skills. The academic support needed by these students is identical to that given to the other minority students in TRIO programs.

It should be noted that physically handicapped students do require support services in addition to those mentioned. Depending on the disability, they may need attendants, physical therapy, speech therapy, adaptive physical education and athletics, taped texts, reader services, interpreters, and other services. While these services are not traditionally considered to be academic, in many instances one or more of these services may be essential for the individual to attend the institution. In this sense, they are a type of academic support just like financial aid without which many students could not attend college.

Under Special Services regulations, a physically handicapped student is eligible for services without meeting either the financial or first generation requirements. This is a valid concept which we fully support. Because of the handicap, these individuals are indeed disadvantaged. They are limited in their access to education by both physical and attitudinal barriers. Utilizing economic criteria would unfairly exclude many of those who need the services the most. These are individuals who require extensive support services and have significant expenses related to their disability. These expenses do not appear on tax forms or financial aid statements because they are incurred only when the individual leaves home to go to school. The family's financial situation which would normally qualify them as middle income is drastically altered. Because of their apparent financial status, they are not eligible for various types of assistance available to those in the lower income levels. To cite one example of this bind, one family moved to a city where the student could live at home while attending college. This was cheaper, in the long run, than paying the attendant fees. There are numerous other cases that could be cited. It is hoped that the new financial aid agreement will help in this area. However, this agreement alone cannot compensate for elimination of the physically handicapped criterion.

In spite of the long and successful history of handicapped student service programs, there are less than 15 such programs funded through Special Services. With the influx of handicapped students as a result of Section 504, there is an even greater need for such programs. In many instances, incorporation of a handicapped student service component into an existing TRIO program may be the most practical approach since there are service needs in common. Regardless of the approach, more funds are needed for TRIO.

When considering the handicapped student, the area of gravest concern is the handicapped minority student. Handicapped minority students are present in significant numbers on only a few community college campuses and are almost nonexistent on most four year campuses. Handicapped minority students do exist. According to a statement by the NAACP, blacks have twice the disability rate as whites. A study by the BIA and BEH found that out of 35,000 Indians in BIA schools, 4,700 or 13.4 per cent were physically handicapped. This represents a tremendous unmet need.

Historically, Talent Search and Upward Bound are susposed to refer handicapped minority students to Special Services programs. This approach has not worked. Recently, changes in the regulations have allowed Talent Search and Upward Bound programs to recruit handicapped students, but the results have been sporadic. Clearly, the regulations must be changed to require these programs to seek out and serve handicapped minority students.

In the past, especially in rural regions, the fifty mile radius limitation did limit the ability of Upward Bound programs to recruit handicapped students. This was especially true of Indian programs. It should be noted that handicapped, unlike other minorities, are usually dispersed and recruitment is much more difficult. We supported elimination of this restriction and recently it was eliminated. Hopefully, these programs will now actively recruit handicapped minority students.

TRIO has proved to be a viable program in enabling handicapped students to attend postsecondary institutions. With modification, it could play an even greater role in the future.

Teacher training and professional development

As a result of PL 94-142, physically handicapped children are attending public schools in increasing numbers. Unfortunately, most teachers are ill-prepared to work with them in the classroom setting. Few teachers, outside of special education, have any knowledge in disabilities and their implications. As a result, teachers and administrators often feel intimidated, frightened, or confused when confronted for the first time with a handicapped child in the classroom. Such ignorance has led administrators to arbitrarily place handicapped children in special classes or even special schools, not because it was needed, but because the child was physically handicapped.

Because of this, we are advocating that all teachers, before certification, should be provided orientation to disabilities. Teachers should be involved in on-going educational programs with regard to disabilities and this should be enforced through accreditation and certification programs. Required coursework in the area of orientation to disabilities should be part of the teacher certification program. The intent is not to make the teachers experts in the field, but rather to give them sufficient background in disabilities so that they can be effective in working with a physically handicapped child in the classroom. Already some states, such as Illinois, have enacted such legislation. While it is both gratifying and encouraging to see this occur at the State level, action is needed at the Federal level.

INFORMATION TO ACT UPON

Two areas of potential interest are the proposed regulations for Financial Assistance for Construction, Reconstruction, or Renovation of Higher Education Facilities and the regulations involving the Research and Demonstration Grant (NIHR). In the first case, even though the budgeted 25 million dollars has been withdrawn by the President, it is important to respond to the proposed regulations as it is anticipated that the final regulations approval will count heavily in the development of the requirements for the proposed 300 million dollars for next year. In addition, it is important to verify that your institution is is furnishing all data requested regarding numbers of students served and amounts of modifications previously completed. The monies, when approved, will will be distributed to the states and then the institutions by the individual state. It is also most important to provide support to your legislators in getting them to enact the legislation that will make the 300 million a reality. June 30, 1980 is the last day to respond to the proposed regulations.

For the second area, NIHR has announced the availability of grant funds for Rehabilitation Research and Demonstration Grants. The following are the priorities in order: 1) demographic and clinical characteristics of the disabled population, 2) retention of rehabilitation professionals in rural areas, 3) Prenatal risk factors/early intervention in early childhood, 4) spinal cord injury, 5) multiple sclerosis, 6) end-stage renal disease, and 7) general. Application deadline is June 30, 1980.

The HEATH-AHSSPPE BOND: Better Living Through Good Chemistry

Rhona Hartman, Higher Education and the Handicapped Resource Center

I welcome the opportunity to be here at this AHSSPPE conference. It is a good chance to see friends made at prior gatherings, a chance to meet face to face some of you to whom I have spoken on our "hotline," and a chance to meet others who share our mission.

It is especially fun to be here in Denver. It reminds me of my first trip to the West, a bit of which I would like to share with you. I am a New Yorker, born and bred. Saul Steinberg, the cartoonist, drew a cover for the *New Yorker* magazine which is not only a classic now, but was surely drawn with people like me in mind. The cover shows a sketched map of the United States, but dimensions are skewed as seen by a New Yorker: three quarters of the map show in great detail landmarks of New York City, not only the boroughs, but the bridges, beaches, parks, etc. The last quarter has miniscule printing to show -- all together -- Chicago, Rocky Mountains, San Francisco, and Los Angeles. My view exactly, until I actually drove across the country, right after college, and saw for myself that there really is a world beyond the Hudson River, and that there are really marvellous people doing interesting, meaningful things in the world beyond the Big Apple.

The trip gave me a first awakening of what opportunity means. If anyone ever questions what a college education means, read the CUNY report, "Why go to College?" This study states the obvious reasons: higher education means more earnings and better job satisfaction. Most importantly, however, the report documents with a long list of studies that a higher education means a better quality of life because of expanded opportunities. One area in which the quality of life is important is that there should be available to everyone the opportunity to see more than his own small familiar world. Such trips as I was able to take should be an option for everyone. It is this goal of expanded opportunity which lies as the heart of our two associations: HEATH (Higher Education and the Handicapped) and AHSSPPE (Association on Handicapped Student Service Programs in Postsecondary Education).

While many of you are familiar with the development of our groups, let me put us all on an equal footing by reminding you of our origins. AHSSPPE and HEATH began as two ions which have bonded during our short lifetimes, these last few years. We have a symbiosis now; a mutually beneficial job--that of providing access to higher education opportunity for qualified people regardless of physical disability.

Those of us who are members of AHSSPPE know our history. Our official beginning occurred two years ago when a small group of mid-western service providers gathered during the first Wright State conference a few months after the regulation was issued implementing Section 504 of PL 93-112 in 1977. That small beginning has blossomed beyond expectation. I understand last year's National Conference brought together about 75 people. This year we are bursting the seams of this hotel with nearly 300 people.

At the same time, mid-1977 in Washington, D.C., the higher education associations were confused and little scared by the Regulations. Largely through the efforts of Martha Redden and others, who had been involved in access for minorities, we began to shape a plan for assisting colleges and universities to respond creatively and effectively to the challenge of the Regulations.

The premise of the plan, which became Project HEATH, was one of the most basic tenents of advocacy--infiltration: go through existing channels! Thus Project HEATH galvanized the higher education associations which already provide all kinds of advice and assistance to its members to provide leadership in the area of non-discrimination on the basis of handicap.

The American Council on Education (ACE) took the lead. We call it the umbrella under which the other associations are sheltered, protected, and funded. ACE is the nation's major coordinating body in higher education. ACE was able to combine Federal, private foundation, and corporate funding to launch the first round of projects. These were enhanced through the guidance of a Task Force made from an alphabet soup of associations and consumer groups

Each of you should pick up our brochure, "HEATH Higher Education and the Handicapped 1980" from the Resource Room here at the conference so that you can have the higher education association names, addresses, and current projects at hand. I will mention the kind of activities we have engaged in. During the first year of Project HEATH (1977-1978) workshops were run for college and university administrators, physical plant officers, and business officers. Out of those workshops and from other HEATH Projects several key documents became available, and the core of the HEATH Resource Center was developed. Documents listed below can be secured by contacting me at the Resource Center:

Recruitment, Admissions, and Handicapped Students
Planning for Transition
Creating an Accessible Campus
Steps Towards Campus Accessibility
Accessibility Information
Matching Places to People
Guide to Section 504 Self-Evaluation for Colleges and Universities
Technical Assistance Corps Directory
Higher Education and the Handicapped--Quarterly Newsletter

The model of providing technical assistance through existing channels--the higher education associations--worked well. It allowed for a flow of questions, problem solving, and sharing not possible if the Federal Government were to provide the technical assistance for a law which it enforces. The higher education community was the first group of Federal recipients to respond to the Regulations and to comply with the letter as well as the spirit of the law. Over time, other recipient groups such as elementary and secondary education, social service, and health care providers also responded, but frankly, they utilized the model of HEATH, a great deal of material developed by Project HEATH, and by using a number of people with HEATH expertise.

HEATH was recognized not only by the college and university administrators who have benefitted from our work, but also by the Office for Civil Rights (OCR) and others at the Department of Health, Education, and Welfare (HEW) and so our initial efforts to provide meaningful technical assistance to areas and constituencies not yet addressed was rewarded. After a hard struggle to wade through the glue of the bureaucracy, money to underwrite our current HEATH activities finally emerged last Fall. Let me mention them here so they will be somewhat familiar to you when you have time to study the brochure I mentioned before.

This year HEATH Projects are being run by seven higher education associations. Most of them rely heavily on the expertise of AHSSPPE members for their success.

AAHE	American Association for higher education runs the Resource Center
APPA	Association of Physical Plant Administrators is developing expertise about adapting historic buildings and will produce a manual for architects and contractors.
NACUBO	National Association of College and University Business Officers is studying demographic trends and writing case studies of campus adaptations to various Federal regulations.
AACRAO	American Association of Collegiate Registrars and Admissions Officers is developing a policy on testing disabled students and one on responsibility for foreign disabled students.
AAUP	American Association of University Professors has held five workshops for faculty and will publish

	a directory of classroom adaptations and faculty with experience teaching disabled students.
AACTE	American Association of Colleges of Teacher Education is developing a directory of disabled educators to be used as a resource in the profession
NASFAA	National Association of Financial Aid Administrators with Vocational Rehabilitation Administrators is holding a series of workshops for the development of coordinated financial support of disabled students.

Exactly how is AHSSPPE involved with these projects? In most cases we call upon you as individual members to help. I certainly do. My newsletter and Resource Sheets were all developed with an ad hoc committee of people, many of them AHSSPPE members. There has been a specific effort to include Technical Assistance Corps (TAC) members, about 1/3 of whom are AHSSPPE members, in all the HEATH projects. As some of the current and future HEATH activities are planned, the AHSSPPE Association itself is involved--as in the case of the NASFAA/VR Project. When any of the Heath Projects seeks your advice, or requests your participation, please respond. We need your expertise.

And now a brief word about the future. The theme of the conference this year is "Advocacy, Responsibility, and Education." Your education for professional development will be enhanced by your participation in the excellent array of programs and exhibits here in Denver. Be sure to stop at the Resource Room. Among the many displays, please take and study the HEATH materials. Look at the selection of campus maps, faculty manuals, and program brochures. Take home some good ideas and assimilate them into your work. Please sign up to receive our newsletter and jot down our hotline number (202) 293-6447 so we can hear from you.

We all have many responsibilities . One which I would stress is the continued sharing and mutual support we have developed between HEATH and AHSSPPE which has created the good chemistry referred to earlier.

Advocacy will be discussed in many forms here at the conference. I suggest that the one which should not be overlooked is that of infiltration. It worked for HEATH, it can work for you. As individuals you are eligible to join many types of organizations and association which need our/your point of view. Whatever your interest, be it is education, recreation, clean air, arts, national politics, music, whatever--join. Become active and present our point of view: non-discrimination because of disability. For example, you students should strengthen National Association of Students with Handicaps (NASH), and get involved with other national student groups such as American Students Association, National Student Education Fund, and COPUS, each of which are beginning to have an interest in disabled students.

A final word about the HEATH-AHSSPPE BOND: let it continue! If you think Project HEATH is useful, let people know about us as we do about you. Reach out to state and local governments, business groups, state departments and commissions of higher education, Governor's Committees on Employment of the Handicapped, and others. All these efforts will assure our better living through good chemistry.

Specialized Services

THE HEAD-INJURED STUDENT IN HIGHER EDUCATION - AN EMERGING POPULATION

Cal B. Carfrae, Community College of Denver

ABSTRACT

The Center for the Physically Disadvantaged (CPD) at Community College of Denver has more than ten years experience in serving disabled college students, including the traumatically brain-injured. During that period of time, CPD has served hundreds of brain-injured students. Two contrasting examples of brain-injured college students are used for description of the brain-injured college population and the prescription of the college services necessary. It is the author's contention that there are five major issues to consider when serving the brain-injured: (1) the pre-morbid personality of the student, (2) the student's support system, (3) the earliness of involvement in a therapeutic setting, (4) the nature of the student's brain-injury and (5) the availability of college services. The services necessary to allow the brain-injured student the greatest chance of success are described in greater detail.

Good day, my friends, fellow educators and fellow academic frustratees. My name is Cal Carfrae. I am the counselor for the Disabled at the Community College of Denver. It is my understanding that I am to talk with you today regarding "The head-injured student in higher education - an emerging population."

However, before I get in "over my head" I would like to relate a story relevant to my topic.

Many years ago, when I was a counselor at the University of Colorado, I had the opportunity to talk with Averell Harriman, who was the United States Ambassador to Russia for many years. He told me a story which he said was an old Russian folk tale.

One day there was a Russian peasant walking along the narrow dirt path, when he came upon a meadowlark which was gasping for its last breath of life. It was lying on its side and it was dying.

Well, this peasant felt enormous humanitarian compassion for this poor dying bird, and he wanted so much to save its life. But the peasant had nothing with him, except the clothes on his back. What could he do?

Just then he noticed a pile of fresh, warm manure at the side of the path. In desperation, he quickly submerged the meadowlark up to its neck in the warm manure. Well, the warmth of the manure revived the bird and it started singing with joy.

But the singing caught the attention of a fox nearby and the fox ate the meadowlark.

Well, this fable has 3 morals:

1) The first moral is "The person who puts you in it is not necessarily your enemy."

2) The second moral is "The person who takes you out of it is not necessarily your friend."

3) The third moral is "When you up to your neck in it, do not sing."

My friends, anyone who serves the collegiate brain-injured is "up to his neck in it", especially myself. I may be violating the third moral of my own story, but I am going to sing - at least I'm going to talk - and talk to you about serving the collegiate brain-injured student.

First, I feel that I ought to give you some understanding of the college and the office in which I have most of my relevant work experience.

As I said earlier, I am the counselor for the disabled at Community College of Denver, and I have been serving the collegiate disabled for about 6 years.

Community College of Denver is a tri-campus, 2-year, comprehensive, junior college. On the 3 campuses, we have an enrollment of about 15,000 students at a time. The college has an open-door policy to which we fervently adhere. This means that any person who is a high school graduate and/or 18 years-of-age will be admitted. Could I repeat that? Anyone who is 18 years-of age and/or a high school graduate will be admitted.

Within the college, I work for the Center for the Physically Disadvantaged which we call CPD. CPD has been actively serving disabled students for more than ten years. Within the Center, we will serve approximately 1200 disabled students annually. Those students represent nearly every sensory and/or physical disability, including the brain-injured, but not exclusively the brain-injured. On a tri-campus basis, we at CPD serve approximately 100 brain-injured students annually.

Those brain-injured students include almost entirely individuals who have had a traumatic injury. Most of the injuries were caused by automobile accidents or by strokes.

The average age of our brain-injured students is 29. There is a predominance of males, but there seems to be no statistical significance by racial or ethnic origin. Forty - three percent of the brain-injured students have multiple disabilities as a result of their trauma. Eighty-five percent of those brain-injured students receive second party funding from the Department of Vocational Rehabilitation, Veterans Administration, etc.

Typically, our brain-injured students require more than the average number of student service contacts (as compared to other disabled students.) Among the services provided to the brain-injured are the following major services:

1) Physical assistance
   This includes helping remove and put-on coats and backpacks, assisting with intra-campus transportation by wheeling the student or helping him/her to walk, etc.

2) Personal counseling and academic advising
   This includes scheduling the students' classes and providing general counseling.

3) Liaison activities with other offices
   This includes having teacher conferences, communicating with funding agencies like vocational rehabilitation, having staffings within our office regarding specific students, co-ordinating with the admissions office and other departments, etc.

4) Notetaking and writing
   This includes helping the student by providing a notetaker in class, and writing a test for a student who cannot write.

5) Health assistance
   This includes providing medical aid, family planning, sex counseling, physical maintenance therapy, and generally attending to a student's medical needs.

6) Vocation evaluation
   This includes testing a student for intellectual and physical abilities, and guiding the student toward a realistic occupational or academic goal.

7) Tutoring
This includes one-to-one tutoring of the student toward academic achievement in specific courses.

Within our center, we provide approximately 100 other identifiable student services. To varying degrees, the brain-injured students have solicited and received nearly all of those services. Annually, those brain-injured students receive approximately 10,000 student service contacts from the staff of the Center for the Physically Disadvantaged alone.

It should be obvious that serving the brain-injured is a difficult, time-consuming and costly task. One might ask, "Why would any college, not just the Community College of Denver, choose to become involved in such a task?" Perhaps more importantly, "Why would any college staff member choose to become involved in such an enormous task as serving the collegiate brain-injured?"

I am sure that each of us has his or her own reasons, and I would not expect that your reasons would be mine. However, I feel that I would be negligent if I did not share with you my own over-riding reason for becoming involved with the brain-injured, and a little of my background.

I was born as a normal healthy child. I grew-up as a Lutheran minister's son (one of those infamous preachers' kids). I attended public schools and excelled academically. I was a straight-A student and I was extremely active in civic and social affairs. When I graduated from high school, I naturally went to college and continued to excel academically. Each summer, when I was in college, I would get one of those meaningless summer jobs to earn money.

Well, the summer of 1966, between my sophomore and junior year in college, I got a job as a laborer working construction at the site Cabin Creek Dam near the continental divide in Colorado.

One day while I was working on that project, about 1000 pounds of cement fell on me.

I went into a coma for 3 weeks - at the end of which a neurosurgeon reluctantly performed brain surgery. The surgeon had to remove the left-occipital-parietal portion of my brain. When I woke up from the coma, I could no longer read, write, talk or walk - I was completely aphasic - all I could say was "getted it off" repetitiously - "getted it off, getted it off, getted it off, getted it off, getted it off," on and on and on. I could also swear fluently, but not deliberately.

I remember vividly the day I was lying in my hospital bed a couple of weeks after surgery. By that time, enough swelling in my brain had dissipated so that I became conscious of my own situation. (Previous to that I had lived in the hospital in mindless euphoria.) But that day, for some reason, I became aware of the depth of my obvious deficits. Suddenly I felt like an absolute failure and the most unworthy person on earth. It was at that point, I determined that I would recuperate or literally "die trying." I was completely willing to die, if I had to remain in that useless vegetative state. That was the worst day of my life.

In my eyes, I had become unquestionably the most incompetent individual on the face of the earth. My God, I was 20 years-old, and I wasn't even toilet-trained.

On that day, my family started trying to teach me to say my name. They also bought a little box of colored cardboard letters of the alphabet. When they tried to teach me the letters of the alphabet, they found me incapable of such a deep thought and settled for trying to teach me just the colors of those alphabetic characters.

We worked on those colors 15 or 16 hours a day for several weeks, until I was released from the hospital to return home.

Before I was released, the doctor told my parents that I should be institutionalized, because my massive brain disfunction would prevent my ever living normally, or independently.

At this point, it was my feeling that my best chance of rehabilitation was in trying to function normally. Specifically, I decided to return to college, though I could not read, write, talk or walk. My parents felt that returning to college in that condition would destine me to failure. They tried to discourage me and said that they would not consider allowing me to return to college 900 miles away - until I could do at least 3 things:

1) State my full name

2) State my full address

3) And walk around the block once without getting lost.

I practiced those 3 things for several weeks and returned to college that fall - with severly limited physical and intellectual capacities.

My experience with college that Fall semester, and several semesters following, was disastrous.

Because I could not write, also I could not write a check to buy my books. Fortunately, my roomate was willing to write it for me. But because I could not add or subtract, most of my subsequent checks bounced.

I tended to get lost going to and from campus, until I painted a white line on the sidewalk from my apartment to the campus.

Because I could not take notes, I wrote another hot check to buy a tape recorder, which I brought to class until I lost it.

Academically, I kept having to take the same tests over and over and over again--and eventually functionally failing most of my courses for a few semesters.

I was given a work-study job washing dishes in the college dining hall. But, because I could not tell time on my watch, and because of my short-term memory deficit, I was almost always early or late to work - and was nearly fired.

Socially, I was also incompetent and I felt very much like an outcast. My aphasia disrupted my speech and I was constantly groping for words or using the wrong words. That often caused me embarrassment. For instance, trying to whisper "sweet nothings" in a co-ed's ear was more likely to get me slapped than kissed. But because I could not moniter my own speech, I did not even know why our conversation terminated so abruptly.

I remember sitting in the student union talking (rambling) with a girl. During that conversation, she said that she was a strong proponent and participant in "free love." She told me her name and then she left for class. That evening I was relating that experience to a few guys in my dormatory. Unfortunately, my aphasia and short-term memory loss prevented me from remembering the girl's name. But the guys in the dorm kept me awake all night trying to bribe, coerce, or cajole her name from me.

Often even the simplest of activities was difficult or caused me embarrassment. On occasion, I would pick-up a spoon or fork backwards and try to shovel my food in with the handle--not noticing my inappropriate use of the utensil.

The college I attended at that time, Grinnell College, had a formal evening meal at which the men were required to wear a coat and tie while being served by waiters in white coats. Though there was no assigned seating, it was traditional that the student who happened to sit at the head of the table was responsible for serving coffee to the other students at the table. At the head of the table was a stack of cups, a stack of saucers and a pot of coffee.

Once I accidentally sat at the head of the table. At that point of my recuperation, I had learned not to attempt a new activity, until I had observed other people do it first. I noticed that the guy at the head of the table was to take a saucer, place a cup on top of the saucer, pour coffee into the

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cup and pass the filled cup and saucer. Thus, I took a cup, placed a saucer on top of the cup, filled the saucer, and passed a saucer full of coffee. Once again, I was "close but no cigar."

This constant experience at failing at everything had the effect of discouraging any attempts--at anything. Day after day, I continued to fail socially, academically, economically, and romantically. That, my friends, weighs heavy on one's psyche. I found it nearly impossible to develop or maintain anything that approximated a positive self image. At that point, I was anticipating incessant failure and consequently I continued to fail. In short, I became my own worst enemy. My own apprehension about failing caused me to fail.

The process of establishing a healthy ego was easily the most difficult and time-consuming task in the whole process of recuperation for me. I am sure that I could never list all the experiences and conditions that allowed me to regain fully functioning abilities. Some people have said that I am very "lucky." My response to that is to quote from a plaque on my preacher father's office door:

> "Luck is what a fool calls it when GOD gives him a break."

I have had that break, but many others have not. As a counselor for the disabled, I have had occasion to serve many scores of those less fortunate students. As a contrast to my own experience, I would like to relate the story of another composite brain-injured student whom I will fictitiously call Ann Jones.

Ann grew up on an isolated ranch in Nebraska. Her family was somewhat emotionally pathological. The rapport between Ann and her siblings was almost non-existent and certainly not healthy. Ann's parental guidance was questionable, verging on child abuse. This early homelife probably resulted in borderline emotional instability for Ann.

When Ann was 16 years-old, she went drinking with her high school friends. Drinking and driving resulted in an automobile accident which left Ann's boyfriend dead and which left Ann seriously brain-injured. Ann developed quadraplegia, aphasia and very inarticulate speech.

Ann had been only a mediocre student prior to her injury, and she was not encouraged to continue her schooling subsequent to her injury. Thus, following her hospitalization, Ann was returned to her isolated ranch in Nebraska.

At that home, Ann's parents experienced substantial feelings of guilt and shame. They were ashamed of their daughter's condition and appearance, and thereby intentionally prevented Ann from having any social interaction. Due to their feelings of guilt, Ann's parents also babied Ann enormously; they waited on her "hand and foot." For nearly 10 years, Ann laid around at home becoming a social hermit and becoming a person nearly completely lacking independent motivation or responsibility.

At that point, it appears that Ann's parents wearied of constantly caring for her. Because Community College of Denver has an open-door policy, Ann's parents dumped their daughter on our doorstep.

Then our responsibility began. First, we had to arrange for housing for Ann. This we found at a nursing home for the physically disabled. Next we had to arrange for Ann's registration. This was complicated by Ann's nearly unintelligible speech, quadraplegic state, and her complete lack of an academic or vocational goal.

Ann was initially registered for remedial basic skills classes and adaptive aquatics. Our office provided her wheelchair assistance to wheel her to and from classes, notetaking for each of her classes, individual tutoring for each of her classes, toilet and eating assistance, a considerable amount of counseling and nearly constant liaison activities with other offices and agencies. Providing those services and others to Ann was very costly and quite frustrating.

Ann's classroom behavior was disruptive, to say the least. She tended toward emotional outbursts regularly. She seldom remembered or completed her assignments. She often ditched class. When anyone was near Ann, she usually salivated on them and on their possessions. If Ann was in a bad mood, she would hit people intentionally with her fists. Until we confiscated her electric chair, she used it as though she were in a demolition derby.

In general, Ann Jones was a very difficult student. Unfortunately, the last time I saw Ann was the day before she attempted suicide at her nursing home.

At this time, it does not appear as though Ann Jones will succeed in college, or live normally, independently or very much longer.

Let me pause for a moment and reflect on what has been said. I've related a part of my own autobiographical experience as a brain-injured person. I've related some of my experiences as Ann's counselor.

It may be obvious to you that Ann and I have dissimilar backgrounds; it may even appear as though Ann and I are diametric opposites. If that is the case, then you may ask yourself, "What population could I expect if I were to serve collegiate brain-injured students?" Would my students include Cal Carfrae or Ann Jones? What should a college consider when admitting a brain-injured student?

From my perspective, there are five major variables to consider when trying to evaluate your potential brain-injured students. I would like to propose my own feelings regarding those five variables:

1) Easily the first and most important item to consider is the pre-morbid personality of the student, that is, the personality of the individual before the injury. Was the student academically inclined before injury? Was the student emotionally stable before brain-injury?

A student who disliked school before having the contents of his intellect disturbed is quite unlikely to endure academics when his/her brain is minimally functional. A student who had difficulty just emotionally coping before the distruction of his ego is unlikely to become Carl Roger's self-actualized person shortly after that student's ego was destroyed.

Despite the pressure we college staff members receive from desperate students and their families, we must realistically confront this issue. What was he before? But beware! Students and their families almost inevitably idealize and fantasize the student's pre-morbid state. We college counselors must guide our clients away from idealizing their pre-injury interests and abilities. It is paramount that the student's actual pre-morbid state be considered.

2) The second item to be considered is the support system available to the student. This includes the personal-emotional, social and financial supports.

Seldom can a brain-injured student endure and recuperate alone. A brain-injured student thrust into isolation would probably fall into degenerative intellect, its equivalent, or even worse.

A brain-injured student who has no social interaction would probably stagnate, as a social reject.

Henry David Thoreau once said that it is difficult to be a philosopher on an empty stomach. Likewise, it is functionally impossible to be a successful brain-injured college student with inadequate finances.

In short, your potential brain-injured students must have a complete, well-rounded support system, if they are to succeed. The availability of that support system must be considered.

3) The third item to be considered is the earliness of involvement in a therapeutic setting.

Typically, your potential student population will include individuals who have been "closeted" for years since their brain injury. During those non-therapeutic years, those students will have developed possibly irreparable bad habits and often pathological self-concepts.

Unless your college is prepared to provide extended and extensive psychotherapy, you might give second thoughts to admitting and serving students who did not begin a healthy form of therapy shortly after their brain-injuries. The earliness of involvement in a therapeutic setting is very important.

4) The fourth item to be considered is the nature of the student's injury. Brain-injury can be so minimal that the effects are not noticeable. Or, the injury can be so severe that the student is slightly better than comotose. A student's prognosis is often determined, to a large extent, by the type and severity of the injury. However, if all the three previously mentioned items are positive, it seems that miracles do occasionally occur--and even neurosurgions have been known to predict wrongly.

5) The fifth item to consider is the availability of college services. I would like to give special attention to that area.

It is my opinion that there are four major services which a college could provide to the brain-injured students. I would like to list and describe those for you:

A. The first service would be to create a phychologically healthy environment. At my college this is broadly the duty of the counselor. Those counseling duties include the following:

   1) Counseling the student regarding his/her pre-morbid state, current physical or intellectual limitations, current self-concept, academic/vocational objectives, specific academic needs, personal expectations and prognosis, and a realistic time frame in which the student expects to accomplish his/her goal.

   2) Counseling could include contacting the student's instructors and explaining the student's condition and needs. This is necessary because instructors seldom have an empathic understanding of the brain-injured student's special circumstance.

   3) Counseling could include contacting the significant others in the student's life, for example, his spouse, parents, sponsors, etc. It is important that the student receive a co-ordinated effort. At CPD we facilitate group discussions of those significant others, so that they can share each others frustrations, successes and new experiences.

   4) Counseling could include encouraging and facilitating the student's social involvement. This could involve getting the student to a college dance or beer blast, introducing the student to other similarly disabled students, introducing potential roommates to each other, etc. But above all, get the student socially involved, preferably with patient and understanding individuals.

   The creation of that psychologically healthy environment is essential. Every brain-injured student I have met is, at least initially, psychologically fragile. A college can do much to facilitate the development of a solid and healthy self-concept, which is essential to any academic progress.

B. The second service that a college could provide is medical supervision and co-ordination.

   Typically, brain-injured students live in a state of latent and blatant confusion. In that state they may fail to take medicines as prescribed.

They may experience a medical emergency, but not be aware of it. They may develop epileptic symptoms.

If these things or others are occuring, it becomes important that the college be prepared. Trained medical personnel who have on-going knowledge of the student and community medical resources should be available to intervene.

Thus, the college could provide the medical supervision and co-ordination essential to the health and life of the brain-injured student.

C. The third service that a college could provide is vocational and/or academic evaluation.

Typically, the brain-injured student's pre-morbid test results (like the SAT or ACT) are invalid. Often the student's pre-morbid vocational objectives need to be revised. Given this situation, it becomes very beneficial when the college is prepared to test the student.

There are three major types of tests which we at CPD have found to be useful:

1) We administer the Hester Evaluation System which measures 26 of the student's intellectual and physical abilities. The results are also matched against 1650 job classifications by computer.

2) We administer a vocational interest inventory, such as the Kuder or Strong-Cambell.

3) We will also often administer a test which screens a student for a learning disability. It has been our experience that the brain-injured often perform similarly to students with perceptual difficulty.

With the information gathered using these tests, we have found ourselves better prepared to counsel the student and to prescribe the appropriate student services.

D. The fourth service that a college could provide is physical and academic aid.

At CPD this aid is broken into four sub-categories:

1) The first sub-category is physical assistance. Since many brain-injured students have limited mobility or limited hand dexterity, it is often important that they receive help. This might include wheeling the student to and from class--until the time that an electric chair is available. Physical assistance might include helping the student remove and put on coats and backpacks.

   (Please note that we at CPD have a practice of requiring that a student already possess ADL skills. These skills must include independent toilet capacity and independent eating capacity. CPD does not provide attendant care, as a general practice.)

2) The second sub-category of aid necessary is individual tutoring. Because most brain-injured students exhibit decreased academic performance, it's nearly mandatory that tutoring be provided.

   The tutors used must be carefully selected on the basis of a patient personality and knowledge of brain dysfunction. We at CPD have had success hiring tutors who have training in teaching the learning disabled.

3) The third sub-category of aid is notetaking and writing assistance. Because many brain-injured students lack the physical capacity to write, we at CPD generally provide a person or persons to write for the student when necessary.

4) The fourth and final sub-category of aid includes lending equipment to the student.

Often CPD lends taperecorders, typewriters and the like to students to facilitate their education.

From my perspective and experience, colleges would show maximum success with the brain-injured, if these four categories of service are provided, and if the four other major variables are considered. Unfortunately, there are few (if any) firm and established guidelines.

It may now be obvious to you that I consider serving the collegiate brain-injured student to be a complicated, frustrating and delicate procedure. It is also a procedure which may include years of staff involvement. The slow process of recuperation from brain-injury tends to frustrate the student, and to wear on the nerves of the staff. When this frustration occurs, I often feel that it is appropriate to console students and staff using a short story.

Once upon a time, long before recorded history, there was one ruling monarch over all the world. He called together all the wise men/women on the face of the earth. He asked these sages to answer a question for him, "What is the one statement which is always true?"

Despite their combined wisdom, they could not answer that question easily. Thus, the monarch placed them in a conclave until they reached a concensus - which took a long time.

When they finally returned to the monarch, they had agreed on a single statement. That statement is: "This too shall pass."

I hope that what I've said today does not pass easily and rapidly from your memory.

Thanks for your kind attention.

THE HEAD-INJURED STUDENT IN HIGHER EDUCATION - AN EMERGING POPULATION/A REACTION PAPER

John G. Kulick, University of Minnesota - Duluth
James A. Shearer, University of Minnesota - Duluth

ABSTRACT

In working with the head-injured student in higher education, it is important that institutions clearly understand the issues involved. Only after a thorough understanding of the issues and the subsequent questions they raise should institutions of higher education determine the direction they wish to take in serving the head-injured student. Mr. Carfrae has suggested a method or model for addressing some of the inherent needs of head-injured students. Those needs, however, while crucial to the individual, may not be the direction an institution wishes to go or should go in accommodating head-injured students. The issues and questions which need to be addressed will be described in greater detail and the question of treatment versus accommodation discussed.

In working with the head-injured student in higher education it is important for institutions to initially focus their attention on the issues which arise in serving head-injured students rather than focusing on specific types of services or a direction they might take in serving head-injured students. Subsequently, the central issue in working with head-injured students is "what are reasonable accommodations and/or academic adjustments that can be worked out?" Fundamental questions institutions will need to address with regard to this issue are the following: (1) Are we talking about programmatic accessibility, or (2) are we talking about retraining and rehabilitating the individual?

There are a number of considerations an institution must keep in mind when working with head-injured students. Legally institutions are obligated by law not to discriminate on the basis of a disability. The methods used to make sure that an institution's programs do not discriminate on the basis of disability is clearly an institution's option. Mr. Gerber and Ms. Heatherington have described the cause and effects of head-injury. Mr. Carfrae has described a method or model for addressing some of the inherent needs of head-injured students. Those needs, while crucial to the individual, may not be the direction an institution wishes to go or should go in accommodating head-injured students. We know that higher education is designed to facilitate learning. Head-injured students present a unique and almost unanswerable question of where does the accommodation of the disability leave off, and where does the elimination of the disability and its effects begin?

The classic comparison is that if a person needed an operation to correct an orthopedic mobility impairment in order to use an inaccessible educational facility, is it an institution's responsibility to pay for the operation or to adapt the building? With the head-injured student are we talking about correcting the effects or are we talking about accommodating the effects as a responsibility of an institution?

The dilemma is that with most disabilities we are facilitating an existing ability to learn with accommodations. With the head-injured, and to some degree the learning disabled, we are attempting to accommodate a learning process problem. Where then does the correction of the process deficiency become a correction of the disability, the latter of which is not the responsibility of an institution? Furthermore, institutions should expect a level of functioning which allows accommodation. Frankly, short of correcting the disability, there may be no existing methods of accommodating some of the effects of head-injuries.

In conclusion, it should be noted that the touchstone of section 504 is integration and not segregation. While it may be tempting to undertake special efforts for disabled students (e.g., head-injured) or to establish special offices or administrative units to serve students with disabilities, separate or different treatment of disabled persons is only permitted under section 504 when it is absolutely necessary to achieve full participation. The creation of separate or independent service structures devoted to handicapped issues should be avoided whenever possible since these may lead to unnecessary, separate or different treatment of disabled persons. There should be centralized planning for section 504, but institutions should avoid the temptation to over-centralize authority over all programs and activites.

Section 504 does not mandate the creation of new programs and activities for individuals with disabilities (i.e., head-injured students). It mandates the accessibility of programs and activities that already exist and a full integration of disabled persons throughout existing programs and institutional structures.

Section 504 does not address the personal needs of disabled individuals or any personal issues related to rehabilitation or care. Rehabilitation and personal care are not institutional responsibilities under section 504; they are the responsibilities of the individual disabled person. Civil rights and equal opportunities should be the sole intent of institutions of higher education in their work related to section 504.

A SELECTIVE BIBLIOGRAPHY OF RESOURCES AND REFERENCES ON PROGRAMS FOR PERSONS WITH HEAD INJURIES: REHABILITATION, AND HIGHER EDUCATION PROGRAMS

Ron Blosser, Southern Illinois University at Carbondale

It is estimated that head injury occurs in one out of 200 citizens in the U.S. every year. Head injuries may result from auto accidents, stroke, and other incidents. Some of the common effects of severe head injury may include thinking and remembering problems, vision and hearing difficulties, difficulty speaking, muscle weakness and incoordination and related physical impairments, and behavioral exaggerations.

Within the past few years there has been an increase in the number of head injury rehabilitation programs across the U.S. These rehabilitation programs not only address and deal with the physical limitations imposed by head injury but also with the cognitive and emotional ramifications. Given the development of head injury rehabilitation programs, a growing number of head injured persons are now seeking and entering higher education. There is a general paucity of information about the extent and locations of programs for the head injured, and this selective bibliography is intended as a first step toward bridging that gap.

This bibliography is only intended to selectively identify some of these programs within rehabilitation hospitals or centers, and in higher education institutions. The reader should make special note that this is a selective bibliography and therefore is a very limited representation of the number, type, and range of such programs offered in rehabilitation or higher education settings. The bibliography will hopefully serve to assist the reader in securing information about programs, and in identifying other programs in the U.S. Particular note should be made that most of the higher education institutions listed herein do not claim to have a specific "special program" of supportive services for the head injured; rather, these institutions have indicated hands-on experience in attempting to serve and accommodate the student with head injury.

I. Rehabilitation Hospitals or Centers

Casa Colina Hospital for Rehabilitation Medicine, 255 E. Bonita Ave., Pomona, CA 91767 (phone: 714/593-7521)

Center for Comprehensive Services, Inc., P.O. Box 2825, Carbondale, IL 62901 (phone: 618/549-6811) (A private rehabilitation program for the head injured).

Brain Injury Program, Craig Hospital, Rocky Mountain Regional Spinal Cord Injury Center, 3425 S. Clarkson, Englewood, CO 80110 (Don Gerber, 303/761-3040)

Harborview Medical Center, c/o Dr. Justus F. Lehman, Professor & Chairman, Dept. of Rehabilitation Medicine, University of Washington, Medical School, RJ-300, Seattle, WA 98104 (phone: 206/543-3600)

Brain Injury Program, Institute of Rehabilitation Medicine, New York University Medical Center, 400 E. 34th St., New York, NY 10016 (Dr. Leonard Diller or Dr. Yehuda Ben-Yishay, 212/679-3200, X3983)

Northwest Hospital Rehabilitation Unit, 1551 N. 120th, Seattle, WA (phone: 206/364-0500)

Rancho Los Amigos Hospital, 7601 E. Imperial Hwy., Downey, CA 90242 (phone: 213/922-7111, for Douglas Garland or Janice Wise)

Head Injury Rehabilitation Project, Santa Clara Valley Medical Center, 751 S. Bascom Ave., San Jose, CA 95128 (Larry Cervelli, 408/279-5513, or Dr. Sheldon Berrol, 408/279-5639)

Sharpe Rehabilitation Center, 7901 Frost, San Deigo, CA (phone: 714/292-2121)

Sister Kenny Institute, 2727 Chicago Ave. S., Minneapolis, MN 55407 (Dr. John Sharpless, 612/874-4495)

St. Jude Hospital and Rehabilitation Center, 101 E. Valencia Mesa Dr., Fullerton, CA 92634 (Francis Mackey, Dir., 714/871-3280)

Veterans Administration Hospital at Long Beach, 5901 E. Seventh St., Long Beach, CA 70901 (phone: 213/498-2448)

Veterans Administration Hospital, 3801 Miranda Ave., Palo Alto, CA (phone: 415/493-5000)

Brain Injury Project, Woodrow Wilson Rehabilitation Center, Fishersville, VA 22939 (Jane Hoover, Dir., 703/885-8955)

II. Training programs and workshops for professionals working with the Head Injured (at least three such programs exist and each cover a comprehensive range of topics related to working with the head injured -- their conferences/workshops are typically held once per ye[illegible] in the Spring). For information contact:

Larry Cervelli, O.T.R. Coord., Head Injury Rehabilitation Project, Institute for Medical Research, Santa Clara Valley Medical Center, San Jose, CA 95128 (408/279-5511)

Dr. Leonard Diller, Chief, Behavioral Science, Institute of Rehabilitation Medicine, New York University Medical Center, 400 E. 34th St., New York, NY 10016 (212/679-3200)

Diane Talbot, R.N., Research and Education, Sister Kenny Institute, 2727 Chicago Ave. S., Minneapolis, MN 55407 (612/874-4188)

III. Resources and contacts in higher education institutions (As previously indicated, most institutions do not have a specified, "special program" for the head injured, but some institutions have had direct experience in serving and accommodating the head injured. Frequently, these institutions offer regular student services or adaptations thereof to the head injured; some of the services utilized by the head injured student are also utilized by other disabled students. These institutions may be able to provide information or other resources and contacts:

California State University at Fullerton, Paul Miller or Karen Zimmerman, Handicapped Student Services, Fullerton, CA 92634 (714/773-3117)

California State University at Long Beach, David San Filippo, Disabled Student Services, Long Beach, CA (213/498-[illegible]01)

Community College of Denver-North Campus, Cal Carfrae, Counselor for the Disabled, Center for the Physically Disadvantaged, 3645 W. 112th Ave., Westminster, CO 80030 (303/466-8811)

DeAnza College, Helen Jones (Dir.) or Susanne Chan, Enablers Office, 21250 Stevens Creek Blvd., Cupertino, CA 95014 (408/996-4955)

Ft. Steilacoom Community College, Pearl Rose, Career Education, 9401 Farwest Dr., S.W., Tacoma, WA 98498 (206/964-6570)

San Jose City College, Martha Glaser, Enablers Office, 2100 Moorpack Ave., San Jose, CA 95128 (408/298-2181)

Southern Illinois University at Carbondale, Ron Blosser, Specialized Student Services, Carbondale, IL 62901 (618/453-5738, Voice or TTY)

University at California at Irvine, Barbara Palombi, Assistant Dean of Students, Irvine, CA (714/833-7244)

University of California at Los Angeles, Phil Kaplan, Office of Special Services, Los Angeles, CA (213/872-1501)

University of Minnesota-Duluth, John Kulick, Handicapped Student Services, Duluth, MN 55812 (218/762-7965)

University of Southern California, Paula Paskov, Handicapped Student Services, Los Angeles, CA (213/741-5885)

West Valley College, Sulvia Sellick, Counseling Center, 1400 Fruitvale Ave., Saratoga, CA 95070 (408/867-2200, X294)

Wright State University, Pat Marx or Steve Simon, Handicapped Student Services, Dayton, OH 45435 (513/873-2141)

IV. References

The Head Injury Rehabilitation Project and the Rehabilitation Team at Santa Clara Valley Medical Center have developed a rather extensive bibliography of references on traumatic head injury. Most of these references are research articles on topics including cognitive perceptual function, sensory motor function, psychosocial function, prognosis and outcome, brain evoked potentials, as well as general references. For copies contact:

Larry Cervelli, O.T.R., Head Injury Rehabilitation Project, Santa Clara Valley Medical Center, 751 S. Bascom Ave., San Jose, CA 95128 (408/279-5513)

Ron Blosser, Coord., Specialized Student Services, Southern Illinois University at Carbondale, Carbondale, IL 62901 (618/453-5738, Voice or TTY)

The Brain Injury Program at Craig Hospital has also developed a bibliography of references on psychosocial and related areas; contact:

Don Gerber, Rehabilitation Counselor, Brain Injury Program, Craig Hospital, Rocky Mountain Regional Spinal Cord Injury Center, 3425 S. Clarkson, Englewood, CO 80110 (303/761-3040)

COUNSELING AND ACCOMMODATING THE STUDENT WITH LEARNING DISABILITIES

Dale Brown, President's Committee on Employment of the Handicapped

ABSTRACT

Learning disabilities are described and defined. The effects of these handicaps on academic performance and social skills are discussed. Various types of reasonable accommodations are listed. Then, useful counseling strategies for learning disabled students are proposed.

INTRODUCTION

Learning disabled adults receive inaccurate information from their senses and/or have trouble processing that information. Like static on the radio or a bad TV picture, the information becomes garbled as it travels from the eye, ear, or skin to the brain.

This inaccurate sensory information (sometimes called perceptual problems) leads to problems with academic work. The student might have difficulty reading, writing, speaking, or listening. Either these skills have not been learned, have been learned after heroic work, or have been learned poorly.

TYPES OF LEARNING DISABILITIES

Visual perceptual problems

Trouble taking information in through the sense of sight and/or processing that information.

1. Visual figure-ground problems. Trouble seeing a specific image within a competing background, finding a face in a crowd, finding keys on a crowded desk, picking out one line of print from the other lines in a book. People with this problem cannot see things that others can see; to them, the keys on the crowded desk are not there.
2. Visual sequencing problems. Trouble seeing things in the correct order; for instance, seeing letters or numbers reversed, seeing two cans reversed on a shelf of cans. The person with this problem actually sees the word incorrectly. He sees "was" instead of "saw."
3. Visual discrimination problmes. Trouble seeing the difference between two similar objects, such as the letters "v" and "u," "e" and "c"' the difference between two shades of one color or two similar types of leaves. The person with this problem sees the two similar objects as alike.

Auditory perceptual problems

Trouble taking information in through the sense of hearing and/or processing that information. People with this problem frequently hear inaccurately. A sequencing or discrimination error can totally change the meaning of an entire message. For example, one might hear "I ran to the car" instead of "I rented the car." People with auditory handicaps frequently do not hear unaccented syllables. They may hear "formed" instead of "performed," "seven" instead of "seventy." These are some types of auditory perceptual handicaps:

1. Auditory figure-ground problems. Trouble hearing a sound over background noise; for example, being unable to hear the telephone ring when one is listening to the radio or hearing someone talk at a party when music is playing.
2. Auditory sequencing problems. Trouble hearing sounds in the correct order; for example, hearing "nine-four" instead of "four-nine"; hearing "treats" instead of "street"; hearing music garbled because the notes are perceived out of order.
3. Auditory discrimination problems. Trouble telling the difference between similar sounds, such as "th" and "f" and "m" or "n", hearing "seventeen" instead of "seventy," hearing an angry rather than a joking tone of voice.

Intersensory problem

Trouble using two senses at once or associating two senses. For instance, not realizing that the letter "D," which is seen, is the same as the sound "D," when it is spoken;

being unable to feel someone tap you on the shoulder while reading; being unable to listen to conversation and drive at the same time.

Motor problems

Trouble moving one's body efficiently to achieve a certain goal. These are some motor problems:

1. Perceptual-motor problems. Trouble performing a task requiring coordination because of inaccurate information received through the senses. This may result in clumsiness, difficulty in participating in simple sports, awkward or stiff movements.
2. Visual-motor problems. Trouble seeing something and then doing it: copying something off a blackboard, throwing something at a target, learning a dance step by watching the teacher.
3. Auditory-motor problems. Trouble hearing something and then doing it: following verbal directions, dancing to a rhythmic beat, taking notes in a lecture.

Directional problems

Trouble automatically distinguishing left from right; learning North, South, East, West; learning the layout of a large symmetrical building.

ACADEMIC DIFFICULTIES

Learning disabilities can make academic achievement difficult. Learning to read is not easy for people with visual perceptual problems or difficulty coordinating what they see with what they hear. Even when these students learn to read, it is often at a low level, so it may take them a long time to complete their assignments. Writing requires fine motor skills which some learning disabled students do not have.

Informing oneself through lectures requires good auditory perception. Sometimes the student must behave inappropriately in class to cope with his learning disabilities. For example, hyperactive students may have to leave the class to walk up and down the hall. Some students will need to cut out their visual sense in order to listen. They will close their eyes, causing their teachers to think they are asleep. Taking notes may not be possible for pupils with auditory-motor or fine motor problems.

Hands-on experience requires good perception. For example, a person with a directional handicap may not turn knobs and switches the right way. Visual perception is often necessary to measure chemicals in a beaker. Pouring liquids also requires visual-motor skills.

Perceptual problems often effect the student's cognitive abilities. For example, visual and auditory sequencing problems can cause difficulty thinking in an orderly, logical way. A person with this problem might tend to jump to conclusions. Or a student with visual and auditory discrimination problems may have difficulty distinguishing between two like concepts such as socialism and communism. Sometimes, short-term memory is affected. This is because information must be perceived properly before it can be remembered.

Some learning disabled people have trouble with the concept of time. They do not feel the passage of time in a normal way and may have difficulty estimating how long it will take them to achieve a task or have trouble getting to a certain place by a certain hour.

NECESSARY ACCOMMODATIONS

How can the handicapped student service program help the learning disabled student? First, remember that learning disabilities are a handicap specifically mentioned under Section 504. Thus, learning disabled students need and deserve similar accommodation as those received by students with physical handicaps.

Tape recording classes

This may be necessary for students who cannot take notes or who have difficulty in auditory perception. If a professor is worried about the student misusing a tape, he can prepare notices for the student to sign that declare that the tapes are for the pupil's own use only and that they may not be utilized for any other purposes.

Notetakers

A student who takes good notes can be asked to take notes with carbon paper or lend his notes to the student with a handicap.

Arranging for the student to have more time

Most coping skills for learning disabilities take extra time. The student may have to check and recheck his work for errors. It takes him longer to write and read. It may be necessary to help the student find extra time to study. For example, you can help him get his reading materials and some assignments in advance, so he can prepare for next year's courses over the summer. Or perhaps professors can be convinced to extend the deadline for a student. Some learning disabled students try to take only one course per semester.

Accommodations in testing

Some learning disabled students with difficulty writing will need a person to write the answers for them or may need to speak into a tape recorder. Others will need the examination read to them. Tests for learning disabled students should be printed clearly with dark ink, so the letters are easy to see. Double negatives are confusing for students with directional handicaps. Computer cards are difficult for some students with motor problems, since they have a hard time keeping the pencil marks within the lines. Also, students with visual tracking problems may fail this type of test due to putting answer "1" in answer space "2" and answer "2" in answer space "3" and so on. Many students can take tests normally, but need extra time to complete them, because of their slow reading and writing abilities.

OTHER CONSIDERATIONS

It may be difficult to convince professors to provide accommodations for learning disabled students. They may think the student is making up the handicap in order to gain a privilege. It is necessary to educate the faculty on learning disabilities. Some universities provide in-service trainings. One counseling center writes a letter to professors who will have learning disabled students in their classes. It describes the faculty member's requirements under Section 504.

Academic work is not the only area affected by a learning disability. Many learning disabled adults have trouble meeting people, working with others, and making friends. They do not "fit in" easily. Social skills problems are part of the handicap of learning disabilities. Due to their perceptual problems, learning disabled individuals may have trouble understanding others. A person who cannot visually discriminate between light and dark colors will also be unable to tell the difference between a happy and a sarcastic smile. A person unable to discriminate between a "v" and a "b" sound may not be able to tell the difference between joking and questioning voices. People with auditory handicaps work so hard to understand the words of a statement that they may ignore the nonverbal meaning. This confusion can cause learning disabled adults to respond incorrectly.

It is extremely difficult for learning disabled people to pick up the social customs many of their peers take for granted: small talk, entering a circle of people, introducing themselves to strangers. Learning disabled people are in culture shock in their own culture.

It is also difficult for learning disabled people to interact with authority figures such as professors and counselors. Many have not learned the appropriate voice and body language and may make requests too arrogantly or too shyly. Some may have had so many bad experiences with teachers that they may be afraid to ask for special help. It may be useful for a counselor to practice with the student, before he approaches the instructor.

COUNSELING STUDENTS WITH LEARNING DISABILITIES

Learning disabilities can cause academic and social difficulties. How can these students be counseled? Here are some ideas.

The student needs information about his handicap

Many learning disabled students have been experiencing difficulty all their lives without having any idea of the reason. They ascribe their failure to "not trying," being personally weak, being "crazy" or "stupid." These explanations lead to a low self-image which paralyzes their desire to improve.

This information should be presented clearly

Use both scientific words and common phrases. The student should also learn about his strengths. He should also be given a written record or tape of his diagnosis.

The student needs positive reinforcement

Learning disabled people struggle alone. As they advance, they are not praised. Instead, they are criticized or teased, since they often cannot keep up with their peers. The student deserves this praise because of his struggle against his handicaps.

Acknowledge the difficulty caused by the handicaps

Students with learning disabilities do not get much sympathy, and sometimes they need to complain. Don't confuse ventilation with self-pity.

Here are some good phrases to use: "It really does take a lot of work to overcome these handicaps. I'm impressed that you stick with it and get your studying completed." "It definitely takes more time to listen to your books than to read them. It must be hard to watch the other students enjoying their weekends and evenings when you have to study. But when you graduate, you'll have a better idea of how to really get work done."

Deal with self-pity

Remember that some self-pity is natural in everyone. The student may be able to talk himself out of it. It may be helpful to ask him to speak about something of which he is proud. Ask him to brag about it and give him a lot of positive reinforcement about how wonderful he is.

Talk to the student about his behavior

Don't comment on his emotions, since you don't know what he is feeling. For example, it would be helpful to say, "It sounds like you aren't spending enough hours studying." It would be less helpful to say, "You aren't trying very hard." It would be helpful to say, "Mr. Lynch told me that you spoke to him in a loud, nasty tone of voice when you asked to tape his classes. He thought you didn't show respect for him." It would be less helpful to say, "You got angry at Mr. Lynch and that's why he didn't let you tape his classes."

Be specific in your feedback

It would be helpful to say, "When your eyes wander all over the room, I feel like you aren't listening to me. Please look at me when I am talking to you." It would be less helpful to say, "Pay attention."

Be honest with yourself about how you react to the student

Some learning disabled people have visible results of their handicaps, such as staring, moving in a disorganized way, or not holding their heads perpendicular. Others work so hard at paying attention and trying to do well that they radiate tension. If you find that a certain student makes you uncomfortable, express your thoughts appropriately to another person. Deal with these feelings. Don't subtly reject the student.

The student may need help organizing his thoughts

Large projects may need to be broken down into many steps. For example, a learning disabled student could be taught to outline a paper, then to work on one subject heading each night. He might need guidance on how much time to schedule for each task.

The student may need help organizing his thoughts. If he takes ten sentences to say what he could say in one sentence, help him think of the main point before he speaks. Interrupt him when he doesn't make sense. Don't let him ramble.

Try to organize support groups of learning disabled students

Since their handicap is invisible, they cannot share good coping skills unless somebody gets them together. They can be taught to give each other positive reinforcement and can help each other study. These self-help groups have proven invaluable on many campuses.

CONCLUSION

As more and more learning disabled students go to college, their handicaps will become more widely known and easier to accommodate. They will become better able to make their contribution to society.

Learning disabled people have many good points. They often overcompensate for their handicaps, turning weaknesses into strengths. Their slightly incorrect perception can lead to looking at the world in a slightly different way. This can make them more creative and better able to solve problems.

With the help of good handicapped student services programs, learning disabled students can become productive professionals.

NATURE OF LEARNING DISABILITIES: IDENTIFICATION AND PROGRAMMING FOR COLLEGE STUDENTS

Michael C. Ryan, Colorado State University
Charles O. Davidshofer, Colorado State University
C. Dean Miller, Colorado State University

ABSTRACT

The definition of learning disability for college students included three factors: 1) a significant discrepancy between the student's indicated ability and his or her achievement in specific academic areas, 2) exclusion of certain other causes, and 3) a significant deficit in an essential learning process.

During the initial interactions with learning disabled college students, a heavy reliance was placed on the student's papers, samples of written work, and oral reading along with the student's perception of the difficulties which are being encountered in school at the present time. A number of symptoms of learning problems have been included in the discussion of the identification of learning disabilities.

A brief overview of the development of the Learning Disabilities Program at Colorado State University has been included. During the early stages of the development of the program the learning disabled students were asked to evaluate the ways the staff were attempting to assist them. Many of the initial attempts to assist students were frustrating for the students. As a result of students' feedback and suggestions two functions needed to assist students have evolved and have been used extensively. Two functions, informal and formal, have been presented in detail as part of the assessment and diagnostic services section. The integration of the two functions leads to a highly cooperative approach in which students' ideas, opinions and perceptions are used as a basis for much of the assessment. Staff members use their experience and understanding to complement and to build on the student's perceptions and understanding, and to test various hypotheses regarding the student's learning problems. The basic principle underlying all of the assessment and diagnostic work is to achieve an integration and a common understanding of the student's and staff members perceptions of the learning problems.

A brief summary of data based on approximately 30 students has been included. Examination of the data indicated that students were of average and above average intelligence and were functioning from three to seven grade equivalents lower than their current school placement.

A brief outline of four remediation modules and an anxiety management training program have been included along with a small set of data based on pretest and posttest measures of students who have completed the word attack module.

Without knowing the individual students, and learning how they have managed to cope and survive in school, a person might wonder how they have even made it to college, let alone be successful in college. Staff members have expressed the opinion that they have learned a great deal from their interactions with learning disabled undergraduate and graduate students.

IDENTIFICATION OF LEARNING DISABILITIES

Definition of learning disabilities

At the present time, the field of learning disabilities contains a dilemma regarding definitions. This is a function of the fact that no two learning disabilities are exactly alike, and the fact that the etiology of learning disabilities is still unknown. As a consequence, definitions are often so general that a number of different types of learning disabilities can be included, along with a focus which is more on symptomatology than etiology. While this definitional problem exists, we have adopted a three-part statement which allows for more specificity and clarity with regard to the nature of learning disabilities.

The first part of our definition involves a significant discrepancy between the student's indicated ability and his or her achievement in specific academic areas (reading, spelling or mathematics). In other words, the student is not achieving up to the indicated potential. The second part of the definition excludes other causes for such a discrepancy such as visual or auditory acuity difficulties, emotional or behavioral disorders, a lack of opportunity to learn due to cultural or financial circumstances, or deficits in intellectual functioning. The final aspect of the definition requires the inclusion of a significant deficit in an essential learning process. Visual or auditory discrimination, visual-motor integration, and verbal or motor expression are examples of such essential learning processes.

The use of symptoms in identification

Identification consists of two major processes: the screening process and the diagnostic process. The screening process identifies those students who are high-risk in terms of academic problems stemming from a potential learning disability. The diagnostic process permits the identification of specific problems which may be interfering with the student's ability to learn. This latter process will be dealt with more extensively in another section of the paper.

The screening process can be effectively accomplished by a professor, counselor, or tutor by identifying certain symptoms that are characteristic of learning disabled students. Generally, learning disabled students demonstrate a significant discrepancy between their achievement and ability. Although in some cases this discrepancy may be difficult to detect without formal testing, a student will often stand out because s/he appears bright and motivated, but still has great difficulty in English composition or college algebra. Another characteristic of learning disabled persons is that they may demonstrate startling discrepancies between abilities. For example, one student scored 800 on the Quantitative Section of the Graduate Record Exam, but could not remember phone numbers.

Inconsistency is another important symptom. While it is very common to experience some fluctuation in performance over time, the learning disabled adult usually demonstrates much larger daily fluctuations. Another form of inconsistency is found in variability of performance shown at one time. Learning disabled students often misspell the same word four or five times within the same paragraph, but never in a consistent manner. Students without a learning disability may misspell words, but their errors are generally consistent and due to faulty learning.

Finally, the student should have a history of early school failure in the area in which s/he is presently having difficulty. For example, many learning disabled students report having a great deal of trouble learning to read and either repeating the first or second grade, being in a special reading group, or having a tutor in reading. For the student with a learning disability in math, learning the multiplication facts may have been particularly troublesome.

Language problems

In screening students with possible learning disabilities in reading or spelling, a writing sample is particularly effective. The sample chosen can be the first draft of a paper or a paragraph written during the interview. Class notes can also be used as an excellent sample of the student's spontaneous writing.

Table 1 represents a number of symptoms, detectable in a written sample, which are characteristic of learning disabled students. Six of the symptoms from this list are particularly characteristic of learning disabled students at Colorado State University. These are letter reversals, vowel confusion, consonant confusion, omission of syllables, mixture of cursive and printing in writing, and handwriting slant. Although reversing groups of letters (form/from) occurs less frequently than other symptoms, it is one of the better indicators of learning problems. The confusion of vowels, particularly the short vowel sounds, is one of the most frequently occurring symptoms. For example, i/e and o/u are particularly significant. Similarly, the confusion of consonants is symptomatic of a learning problem. The consonants p/t, b/d, or j/g are letter pairs which are most often confused. Another significant symptom is the omission of syllables from longer words. This usually occurs in the middle or the end of the word. Finally, the handwriting of the student may exhibit two significant characteristics. First, the student may use a combination of cursive and printing. Many students without any learning difficulties will combine cursive and printing in a systematic way. For example, they may print the first letter and write the rest of the word. However, the learning disabled student often uses cursive, printing and capitalization at random. The learning disabled student may also demonstrate no consistent slant. Some letters may be perpendicular while others will slant to the left or to the right. In such a case, the letters appear to be falling into each other. Although the other symptoms listed in Table 1 occur, clinically, these six appear to be the most prevalent indicators of learning problems in reading, writing and spelling.

Table 1

SYMPTOMS OF LEARNING DISABILITIES WRITTEN LANGUAGE

- I. Spelling Errors
  - A. Reversal of letters
    - 1. "b" for "d", "p" for "q"
    - 2. "dig" for "big"
  - B. Reversal of adjacent letters
    - 1. "form" for "from"
    - 2. "clam" for "calm"
  - C. Confusion of similar sounding vowels
    - 1. |ĕ| for |ĭ|, |ŏ| for |ŭ|, |ă| for |ŏ|, |ĕ| for |ă|
      - a. "ambedextrous"
      - b. "husbond"
      - c. "atmusphere"
      - d. "occurence"
  - D. Confusion of similar sounding consonants
    - a. |d| for |t|, |p| for |d|, |f| for |th|, |m| for |n|, |f| for |v|
      - a. "attentance"
      - b. "imposder"
      - c. "tranver"
      - d. "assenble"
  - E. Confusion of similar sounding words
    - 1. "hot" for "what"
    - 2. "where" for "there"
    - 3. "who" for "how"
  - F. Confusion of homonyms
    - 1. "ware" for "wear"
  - G. Omission of syllables
    - 1. "coarly" for "coursely"
    - 2. "psychitrist" for "psychiatrist"
    - 3. "contempary" for "contemporary"
    - 4. "obvus" for "obvious"
  - H. Addition of syllables
    - 1. "occasionalally" for "occasionally"
    - 2. "symiphony" for "symphony"
  - I. The performance may deteriorate towards the end of the paper or notes.
- II. Hand Writing
  - A. Difficulty in forming alphabetic symbols
    - 1. labored writing
    - 2. presses too hard in writing
  - B. Letters or words are run together
  - C. Goes off the line
  - D. Tends to use a combination of cursive and printing
  - E. No consistent slant

Mathematical problems

Learning disabilities in mathematics are often associated with difficulty in spatial relationships. This may include difficulty with geometric relationships, map reading, or a tendency to lose perspective as they study a figure. With these kinds of difficulties, work samples are also useful. Students with learning disabilities in mathematics may have difficulty with basic number facts (addition and multiplication), fractions, reversing numbers or letters in equations, or keeping columns of numbers separated while adding them.

A word of caution is in order. At this point, the reader may have decided that he or she has a learning disability because s/he confuses groups of letters or had difficulty learning their number facts as a child. However, this is an inappropriate conclusion for two reasons. First, almost everyone will demonstrate one or two of these symptoms. A student should not be considered high-risk, unless they are experiencing academic difficulty and have one or two general symptoms with two or more specific symptoms. Furthermore, even if a student shows a significant number of symptoms, this only indicates that the student is at risk and might benefit from a full diagnostic work-up. The diagnostic process is quite complicated and should be undertaken by a number of different professionals.

A PROGRAM FOR LEARNING DISABLED COLLEGE STUDENTS AT COLORADO STATE UNIVERSITY

Development of the program

Over the past few years, there had been a growing recognition among some faculty and student service personnel staff that a number of students were not performing up to their indicated abilities in some of their classes. The identification of this performance differential precipitated an interdisciplinary meeting of faculty and staff in January of 1978 to discuss the growing problem of students exhibiting apparent learning deficits. This meeting brought together interested faculty who had observed the problem as well as service personnel who had received student requests for assistance in dealing with their learning problems.

This interdisciplinary group organized three task forces to study various aspects of the problem. The conclusion that was reached in May, 1978 was to develop on campus a comprehensive learning disabilities program which would identify students with learning disabilities and offer services for students with special learning problems. It was further decided to organize the program as part of the Learning Assistance Programs administered through the University Counseling Center and to seek external funding to provide the financial support necessary to adequately staff the program. As of May, 1978, there was a waiting list of 15 students already diagnosed as learning disabled who were unable to receive assistance due to lack of staff and facilities.

The University Counseling Center (UCC) Learning Disabilities Program (LDP) was begun in September, 1978. Approximately two years of planning was necessary in order to develop cooperative relationships among the departments and agencies which contribute services to the program and to obtain financial support to hire a coordinator for the program.

Overview of the program

Three services are provided through the program: (1) assessment and diagnosis, (2) remediation, and (3) advocacy. The services chosen for the program resulted from the experiences obtained in working with three learning disabled students. Miller, McKinley, and Ryan (1979) have reported on these experiences in the November, 1979 issue of The Personnel and Guidance Journal.

Participation in the program is entirely voluntary. Services are provided through an inter-departmental network which includes the University Counseling Center, Department of Communications Disorders, Department of English, Department of Psychology, Department of Education - Remedial Reading, Department of Mathematics, and the Academic Advancement Program for Special Populations.

Financial support and direct supervision of the program is through the University Counseling Center. Dr. Chuck Davidshofer is the Associate Director of the University Counseling Center and Director of the UCC Learning Disabilities Program. Mike Ryan, coordinator of the program, is an advanced graduate student in a combined Ph.D. program in Counseling and School psychology.

Student characteristics

During the 1978-79 academic year and the Fall Semester of 1979, 38 students voluntarily contacted the Center. As of April 1, 1980, intake interviews and diagnostic assessments have been completed for 28 students. Nineteen students have participated in some type of remediation program and activities. Ten students have needed advocacy services and assistance. There have been 24 men and 14 women. Thirty-six of the 38 seem to have some type of learning disability. The average age for the 38 students is 22.3 years with a standard deviation of 3.3 years.

Students appear to be motivated (some are highly motivated) to learn and to improve their academic performance. As a group, they seem to us to be more verbal and to have better oral expression than we anticipated from reading about children and adolescents with learning disabilities. We realize that these students have had to persevere and be adequate in terms of language skills in order to make it to college. We suspect they represent a select group of learning disabled students. There is also the possibility that we have adapted to their language difficulties and have been around them to the extent that their oral language skills seem more like the norm for college students than they actually are.

Other characteristics of the program

Students are not recruited in any way. Services are limited to undergraduate and graduate students enrolled at Colorado State University. The total program offers compensatory, remedial, developmental, and advocacy services. There is a strong inter-departmental network of services. We are committed to assist participating students develop the skills and competencies necessary to function effectively in all facets of their lives. Our major objective is to assist each individual to become a competent, successful, effective, and productive member of society. Our developmental emphasis includes such things as anxiety management, oral communication skills, successfully presenting oneself to prospective employers, basic academic skills including reading, writing, spelling and mathematics, and vocational and career planning. Advocacy services include attempts to modify instruction and educational programming without lowering academic standards and instructors' expectations.

Staff and financial support

There is a coordinator who is the only salaried employee. Three to five graduate student interns from the Communications Disorder Clinic, Reading Services Clinic, and Psychology Department assist with the diagnostic and remediation services. Learning disabled students in the program are also eligible to receive the academic support services provided by a federally funded grant to aid academically and financially disadvantaged students as well as the physically disabled. Advocacy services are provided by faculty who volunteer their time to the program. The varied staff of interns makes it possible to meet a wide range of student needs and be cost efficient.

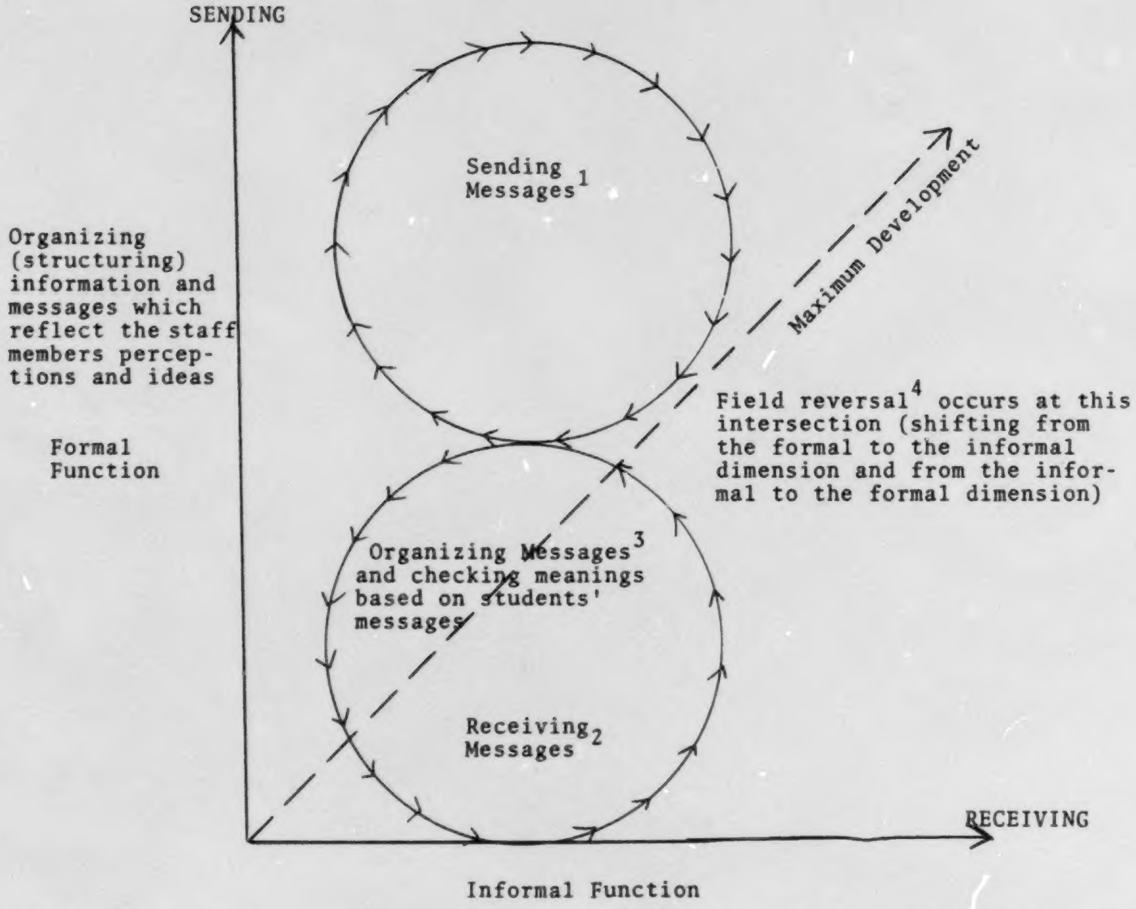
ASSESSMENT AND DIAGNOSTIC SERVICES

Assessment and diagnostic services are ongoing and continue as long as the student chooses to participate in the program. Students encounter new problems and difficulties as they progress through school. The assessment and diagnostic work is a shared, cooperative endeavor involving the student and the staff members who are assisting. Assessment and diagnostic services are divided into two functions, informal and formal. The informal function (see Figure 1) is used by the staff member to listen very closely to what the students are saying in order to understand the students' concerns and perceptions of what they are experiencing in school. Staff members carefully check students' statements about their concerns and experiences in order to develop a good understanding of each student's concerns. The staff member tries to sense, perceive, and understand how each student is experiencing and perceiving his or her situation at school. Our focus is on immediate school related concerns. A brief explanation of the formal function will be presented later on.

Informal function

Step 1 of the intake or first interview is initiated with one or two open ended questions. For example, "I need to understand what you are experiencing or what is happening in school," or "Are you experiencing any difficulties in school?" may be used to begin the interview. Staff members try very hard to understand how the student is perceiving his or her work in school, and check frequently with each student to make sure they are understanding what the student is saying about school. As soon as students sense, realize, or know that the staff member is understanding what they are describing and talking about, they tend to relax and become more concise and specific about school related concerns.

Figure 1


SENDING
Sending Messages[1]
Organizing (structuring) information and messages which reflect the staff members perceptions and ideas
Formal Function
Maximum Development
Field reversal[4] occurs at this intersection (shifting from the formal to the informal dimension and from the informal to the formal dimension)
Organizing Messages[3] and checking meanings based on students' messages
Receiving Messages[2]
RECEIVING
Informal Function

[1] Staff members send messages to students through the formal function. Students' understanding of messages will be increased if staff members are able to understand and utilize the student's language and perceptions whenever it is possible to do so.

[2] Staff members receive messages through the informal function. Messages received need to be checked with students and clarified in order for the staff member to develop shared meanings based on the student's perceptions.

[3] In the bottom circle staff members are organizing, structuring, and checking with students the messages they have received from the students. In the top circle staff members are sending messages which they believe are needed or wanted by students.

[4] Reversing perceptual fields (receiving students' messages through the informal function and sending the staff members messages through the formal function) occurs at the intersection of the two circles.

Early in the intake interview, the staff member needs to make a mental note of the following: (1) how students define their problems, (2) the use of labels or phrases to refer to or describe their learning problems, and (3) what seems to be their goals or needs. The way students talk about their learning problems and the labels or phrases they use to describe their problems is important information. Our students have definite likes and dislikes regarding the use of labels or phrases which suggest a handicapping condition or learning disability. We encourage each staff member to check carefully with each student and to make explicit the student's preferences, likes, and dislikes regarding labels. This is done for two reasons. First, some students have strong reactions to labels which are neutral for many people. Using labels or phrases which are disliked by the students creates a communication barrier between students and staff. Secondly, students' use of labels and phrases, as well as reactions to the phrases, provide some indication of students' acceptance of and comfort or discomfort with a condition which appears to be related to problems which they are encountering in school. We encourage each staff member to use the labels and descriptions which each student prefers. Evaluations of this intake procedure indicate that students respond positively to clarifying and making explicit their preferred labels, and it seems to facilitate the exchange of ideas and information between staff and students. It is also a respectful way to talk about concerns which people have about experiences which tend to be very personal.

Step 2 in the intake interview requires that the staff member take the information provided by the student in Step 1 and decide what else the staff member needs to know about the student's learning problem. For example, the staff member needs to assess where the difficulty lies. Is it in spelling, reading, mathematics, writing, or in debilitating levels of tension? As soon as the student identifies the area(s) of concern the staff member tries to identify some specific aspects of the learning difficulty. For example, if the student indicates that he or she is a horrible reader, the staff member might inquire about what it is like when the student reads aloud, reads silently, or is tested over what he or she has read. The objective is to check with the student to make sure the staff member understands the student's perceptions of his or her reading difficulties. Each area of difficulty which has been identified by the student is checked out in more detail by asking questions which provide more specific information.

Step 3 involves checking out the student's school history. Again the objective is for the staff member to understand the student's perception of what school has been like. Questions such as the following have been used by staff members:

What was first grade like?
What was it like when you had to read aloud?
Were you ever in any special classes?
Did you ever work with any special teachers?
When did you notice or wonder about having difficulty learning?

These questions touch sensitive and personal areas which, on occasion, has lead to emotional responses including shedding tears and embarrassment. Our staff members try to understand what it was like in school as well as what the student is experiencing right at the moment of reflecting back. The objective is to understand what the student has experienced in school and to share that understanding with the student.

Formal function

The formal function (see Figure 1) is used extensively in Step 4. In that the staff member provides structure and directs the interaction to a much greater extent than through the informal function. A series of questions is used to review several areas with each student. The interview is not an extended, indepth interview, but rather is designed to look for possible correlates of learning disabilities that might be reflected in:

A. Brief medical history
B. Handedness
C. History of speech or language difficulties
D. Other family members who have had learning difficulties
E. Reversals of letters of numbers
F. Other

Information gathered during the first four steps is reviewed by the staff member for signs or indications that suggest there might be a learning disability. Not all of the students who voluntarily come to the program have learning disabilities even though they are having difficulty in school. Even though Step 4 involves structure and direction (formal function) from the interviewer, there are frequent shifts from the formal to the informal functions in order to understand and to check meanings with each student. We have found that college students can often identify and specify the kinds of problems or difficulties they have had and are having in school as well as suggestions that will enhance their learning.

Students who are having difficulty, but who are not learning disabled are often highly anxious, test anxious, discouraged, uncertain about being in college, undecided about choice of major, or are having difficulty concentrating on schoolwork. The intake interview is to assist in screening out students having such difficulties in school, but who do not have a learning disability. These students are referred to other learning assistance programs in the University Counseling Center.

The formal assessment and diagnostic activities are developed from the information obtained during the intake interview in cooperation with the student. Standardized assessment and diagnostic instruments are selected on the basis of the information needed to better understand a student's learning difficulties, as well as to confirm or refute perceptions held by staff members and the students.

Diagnostic and assessment processes

The use of standardized instruments is a continuation of the assessment process which was initiated during the first interview. Diagnosing a student's learning problems is basically a process of testing and checking hypotheses generated during the informal interview.

Each student is generally given a WAIS. We are not particularly interested in the I.Q. scores. We are interested in sampling a wide range of abilities and in observing the student's response to various items on the different subtests. For example, if a student reports difficulty in remembering phone numbers presented auditorily, the staff member might hypothesize that an auditory memory problem exists which would then be checked through use of the digit span subtest on the WAIS. This hypothesis might be further explored by using the auditory memory subtests of the Detroit. Whenever possible a hypothesis would be checked or tested using two or three different methods. Initial hypotheses are used to provide focus and direction, and they remain tentative until there is adequate information to either confirm, revise, or eliminate the hypotheses.

Partial summary of data collected for the 1978-80 school years

Table 2 contains the means and standard deviations of WAIS scores based on a sample of approximately 30 students. Inspection of the table shows that the learning disabled students we have tested are intelligent and able to successfully complete a degree program. In order to study the differences among our learning disabled students in more detail, we subdivided our group into those with language problems, pure mathematical spatial difficulties, and mixed diagnosis. Table 3 presents this break down for our sample. The subtests which are shown in table 3 are those which were statistically significantly different when math vs. language disabled students were compared. All other subtests were not significantly different when these three groups were compared. As can be seen from table 3, the performance, arithmetic, and block design scores were statistically higher for the language group (reading and spelling combined) than for either the pure math or mixed diagnosis groups. A directional test (one-tailed) was used in the comparisons.

TABLE 2

WAIS Scores for Total Sample

	N	$\bar{X}$	SD
FULL SCALE	29	114.82	7.87
Verbal	30	115.50	10.81
Performance	30	111.87	8.18
Information	29	11.90	2.34
Comprehension	29	15.76	1.88
Arthmetic	29	10.41	2.65
Similarities	29	14.79	1.95
Digit Span	29	10.28	2.97
Vocabulary	29	12.59	2.10
Digit Symbol	29	11.00	2.19
Picture Completion	28	11.04	1.77
Block Design	28	11.64	2.66
Picture Arrangement	28	12.14	2.52
Object Assembly	28	13.18	3.28

TABLE 3

WAIS Comparisons:
Language (Reading and Spelling) vs. Math (Pure and Mixed Diagnosis)

WAIS SCORES		MATH PURE N=5	MATH MIXED N=11	READING N=18	SPELLING N=20
VERBAL	$\bar{X}$	117.40	115.09	116.33	115.81
	SD	12.40	9.54	7.27	7.45
PERFORMANCE	$\bar{X}$	103.00	107.82	116.38	113.67
	SD	4.47	9.10	9.70	11.29
FULL	$\bar{X}$	112.00	112.80	117.47	115.85
	SD	9.67	7.92	6.73	7.66
ARTHMETIC	$\bar{X}$	9.00	9.55	11.33	11.05
	SD	1.73	2.77	2.79	2.78
BLOCK DESIGN	$\bar{X}$	10.00	10.55	12.53	12.32
	SD	.71	1.97	2.92	2.83

Directional (One-Tailed) Independent t-tests

Language (Reading, N=18) vs. Math (Mixed, N=11)

	df	t	probability
Performance	27	2.36	<.025
Arthmetic	27	1.68	>.05
Block Design	27	1.89	<.05

Language (Reading, N=18) vs. Math (Pure, N=5)

	df	t	probability
Performance	21	2.96	<.01
Arthmetic	21	1.76	<.05
Block Design	21	1.98	<.05

Achievement tests used in assessment and diagnostic work

(1) The Wide Range Achievement Test is employed to assess reading, spelling, and computation skills.
(2) The Peabody Individual Achievement Test is used to determine skills in reading comprehension and mathematics.
(3) The Gray Oral Reading Test is useful in investigating a student's ability to decode words in the context of a paragraph.
(4) The Key Mathematics Test is useful in pinpointing specific areas of difficulty for students with severe learning problems in mathematics.
(5) Peabody Picture Vocabulary Test is used to obtain a quick measure of intellectual functioning.
(6) Staff members also rely for assessment on an informal knowledge of phonics and phonetic generalizations.
(7) Tests of perceptual or linguistic abilities:
    Bender-Gestalt Test
    Detroit Tests of Learning Aptitude
(8) Tests of auditory perception:
    Lindamood Auditory Conceptualization Test
    Goldman-Fristoe-Woodcock Test of Auditory Discrimination

Preliminary data on the Wide Range Achievement Test (WRAT) is shown in table 4. The breakdown in this table compares the reading, spelling, and arithmetic grade equivalent subscores on the WRAT among three types of learning disabled students. The only statistically significant difference among these groups occurred when the reading (word recognition) scores of the dyslexic (reading impaired) students were compared to those of the dyscalculic (math impaired) students (one-tailed directional test, 23 df, $t = 1.79$, p. < .05). The differences among the means on the arithmetic subtest of the WRAT were in the expected direction across groups although the differences were not significant. It is also interesting to note that all three learning disabled subcategories demonstrated real deficits in spelling regardless of specific diagnosis.

TABLE 4

Summary Information of Grade Equivalent Scores
Based on Three WRAT Subtests and
Three Types of Learning Disabled Students

Wide Range Achievement Test (WRAT)		Type of Learning Disability		
		MATH	READING	SPELLING
READING (Word Recognition)	N	7.00	18.00	21.00
	$\bar{X}$	11.14	9.60	10.08
	SD	2.95	1.42	1.84
SPELLING	N	8.00	17.00	21.00
	$\bar{X}$	7.81	7.16	7.54
	SD	2.43	1.53	1.68
ARITHMETIC	N	11.00	9.00	11.00
	$\bar{X}$	7.38	8.08	8.15
	SD	1.25	2.51	2.26

The data collected on other formal achievement tests is too meager to analyze in any systematic way at the present time, but a few generalizations can be made concerning the direction of the data as it currently appears. Use of the Key Math Test reveals that the dyscalculic students show major deficits in basic arithmetical facts and operations such as addition, subtraction, multiplication, and division. Their conceptual abilities are at expected level, however, as would be predicted on the basis of their WAIS scores. Likewise, their ability to perceive spatial relationships and manipulate them in their mind is substantially impaired as compared to nonlearning disabled students.

The Detroit Tests of Learning Aptitude provide some additional data on the functioning of auditory and visual memory in our learning disabled students. Table 5 presents the means and standard deviations in eight subtests of the Detroit. The values in the table refer to age scores. Consequently, inspection of table 5 shows that our language disabled students manifest major deficits in auditory and visual memory, but once again the more conceptual subtests such as like-differences and verbal opposites show near normal performance levels.

Test of auditory perception such as the Lindamood Auditory Conceptualization Test have been showing the language impaired group to be severely deficit in the ability to distinguish sounds and relate sounds to appropriate symbols. Expressive language appears to be within the normal range, however.

TABLE 5

Average Age Scores on Selected Subtest
of the Detroit Tests of Learning Aptitude

Subtest	$\bar{X}$	SD
Visual Attention Span for Objects	11.33	1.02
Visual Attention Span for Letters	10.64	2.88
Auditory Attention Span for Unrelated Words	10.41	3.26
Auditory Attention Span for Related Syllables	11.91	3.58
Oral Directions	13.18	2.40
Verbal Absurdities	15.90	1.26
Likenesses and Differences	17.00	.80
Verbal Opposites	16.89	2.21

REMEDIATION ACTIVITIES

Existing modules

Word attack module. The word attack module is an eight week mini-course which teaches spelling and reading skills based on the Orton-Gillingham approach. In this module, 6-8 students are taught sound-symbol relationships and situations in which a given letter will have a particular sound. Non-phonic and scientific words are also taught.

Auditory discrimination module. The auditory discrimination module is an 8-10 week module involving 2-5 students. It is based on the Lindamood Auditory Discrimination in Depth program (ADD). Both auditory discrimination and auditory sequencing skills are taught to students with auditory processing deficits.

Anxiety management training. The Counseling Center conducts a program designed to help students deal more effectively with their anxiety. The major feature of the program is the teaching of systematic relaxation to students which can be employed in place of the internally cued anxiety response which has occurred in the past. Training the student to cue on relaxation rather than anxiety allows the student to perform his or her tasks more effectively. We are currently in the process of adapting this program for specific use with disabled students.

Study skills module. Students who need to acquire better study strategies are referred to the Counseling Center's study skills program. Basically, the program consists of teaching time management skills, improved note taking abilities, memorization techniques, and effective test-taking strategies.

Mathematics module. We are currently in the process of designing a training experience for our learning disabled students in basic mathematics. Up until now, our remediation in mathematics has consisted of individual tutoring offered by the staff of the Academic Advancement Program which is funded by a federal grant to provide academic supportive services to academically and economically disadvantaged and physically disabled students. At the present time two students are receiving individual tutoring in mathematics. Each student is being tutored according to his/her needs. One student has passed two units of college algebra, but has failed calculus for biological scientists. The other student has now passed two calculus courses with B's in each course.

Evaluation of remediation activities

Because of the newness of the program at Colorado State University, there is not much formal evaluation data on our treatment modules as yet. The majority of evaluative information has come from anecdotal self-reports from students involved in the modules and informal impressions from the module leaders. Rather marked improvement in individual cases has been observed across all of the treatment modules.

Table 6 presents the pre- and post-test scores on both the reading and spelling subtests of the WRAT on five participants who recently completed the word attack module. All changes were positive with some being highly significant with the exception of student #3 on the spelling subtest. The apparent reversal in performance for this student resulted from the inhibiting influence of a class in old English which the student took concomitantly with the word attack training.

While the preliminary results from our remediation efforts appear promising, much more systematic evaluation is needed and is currently being undertaken. More of our data is still based on rather small numbers of students, but as more learning disabled are identified and treated, our data will increase and the knowledge gained from a thorough analysis of the data will lead to modifications of our remediation packages.

TABLE 6

WORD ATTACK MODULE:
Pretesting vs. Posttesting
on the *Wide Range Achievement Test* (Grade Scores)
After Eight Weeks of Treatment

	Pretest	Posttest	
S1	9.6	11.6	READING
S2	10.8	12.4	
S3	8.5	10.5	
S4	7.9	8.9	
S5	8.7	11.9	
S1	7.6	9.6	SPELLING
S2	6.8	7.4	
S3	7.4	7.0	
S4	5.2	6.7	
S5	7.2	7.8	

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THE TUTOR/NOTETAKER AS A SUPPORT SERVICE FOR DEAF STUDENTS: MANAGING A T/N SUPPORT PROGRAM

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ABSTRACT

We recognize the obvious value in providing supplementary support to high school/college mainstreamed learners. One valuable educational service for hearing-impaired learners is notetaking/tutoring. How to best use the resources of a notetaker/tutor and how to optimize learning within and outside a classroom become central concerns for both students and T/N managers. With resources clearly identified, procedures clarified, and tutor/notetakers trained to meet student needs, effective support services may impact very positively on student academic development.

Effective management is essential, if quality support services are provided. A comprehensive training program for tutor/notetakers is available at NTID, Rochester Institute of Technology and elsewhere. T/N Manuals (R. Osguthorpe) and Tutor-Notetaker Manager Guides (R. Osguthorpe, Wilson, Goldmann, Panara) are available through Alexander Graham Bell Association. Carolyn Hunter's Tutoring Handbook (California State University at Northridge) provides additional guidelines for management.

A primary caution in tutor-notetaking management is assuring that your guidelines remain flexible. Support services are only effective when they enhance ongoing learning. Each academic environment is unique, and must be clearly identified. As managers, we are responsible for providing resource personnel and support strategies which meet the needs of the instructor and the students. Individual student needs must be sensitively addressed, and often times, singularly assessed and designed or modified.

Managers should provide direction for notetaker/tutors that service the educational program. Notetakers may be volunteer notetakers, having no formal training or skills, but having previously taken the course, or less ideally, currently enrolled in the course with the hearing impaired student. Notetakers may be paraprofessional notetakers where notetaking training, deaf awareness information, sign language training and notetaking procedure guidelines have all been provided in a training program. Most paraprofessional T/N's are students enrolled in the same major as the deaf or hard of hearing learner. Their responsibility for taking class notes provides student employment while the notetaker is in school.

Sometimes it is possible to hire and train a part/time staff person from the community. Within programs where budgets allow this type of notetaker, quality support service can be provided over a greater span of time. A community employee may serve the program more hours, for a greater number of years, thus reducing training program costs.

Many managers train notetakers to serve a dual responsibility. Often notetakers provide tutoring for the course to which they have been assigned. This places greater responsibilities upon notetakers. Training and supervision must be expanded when notetakers also tutor hearing impaired students. Qualifications for being a good notetaker/tutor include: majoring in the subject area with a grade point average of B or above, demonstrating reliability to the T/N program, developing basic communication skills which meet the needs of the hearing impaired learner, having liaison skills for meeting with faculty, students, educational specialists, other support service personnel, and the T/N managers.

"Should paraprofessional notetakers tutor the subject content" is an actively discussed issue. Some managers feel that educational specialists or professional tutors within resource centers should be solely responsible for tutoring curriculum content. These individuals are: (1) sensitive to the hearing impaired learner; and (2) can more effectively tutor in subjects where they are recognized experts. Time factors and costs for employing these professionals must be considered by a manager. Interaction and support to the instructor should be additionally recognized.

Students have demonstrated acceptable ability to tutor information which they have presented in notes and study sheets. Paraprofessional notetaker/tutors are closest to perceiving what the instructor is teaching, emphasizing, promoting in learning development. By supplementing notetaking with weekly meetings (instructor and T/N) it is possible to tutor student peers very effectively. It is the responsibility of the T/N manager to clarify roles, however. A tutor/notetaker must feel comfortable in making referrals for the student to see the instructor or an educational specialist if it seems appropriate. Tutor/notetakers must recognize

personal limitations in content expertise. Communication gaps may need an interpreter present, to bridge the language differences within the tutoring sessions.

Consumer education must be realized in any management program. Faculty and hearing impaired students must be educated to the tutor/notetaker service program. Initially, the needs of the instructor and the deaf or hard of hearing students must be identified. Students should be made aware of their study skill habits. Other students will need training in developing more effective study habits. A tutor can work with a hearing impaired learner, building stronger skills in study habits and class behavior.

Study skill development in tutoring sessions might focus upon these issues: how to read notes, how to rewrite or reorganize notes, how to prepare for tutoring sessions, how to use class handouts/outlines, how to use study packet materials (designed by the T/N to present major concepts from a course), how to actively participate in class activities, how to memorize materials, how to learn vocabulary, how to prepare for tests and quizzes, how to develop class projects and reports, how to use the text and/or other reference materials.

Faculty should be sensitized to unique learning differences of the hearing impaired students. Language modes need to be clarified. Reading and writing levels should be discussed. Eye strain, attention span and visual fatigue must be recognized. Concepts and vocabulary should be presented through appropriate strategies. Managers may want to work directly with faculty, to provide training sessions that ensure effective learning through successful teaching. Faculty should understand when and how to best use tutor/notetakers. When should a shadow-teacher or educational specialist be brought into the classroom instead or in addition to a T/N? Instructors must be aware of supportive roles: i.e., a tutor/notetaker cannot substitute for an interpreter.

Hearing impaired students need to meet with the T/N manager to provide feedback, offer constructive criticism, modify personal learning support services. Students and managers need interaction to provide recognition time when support services may be eliminated from the academic environment. Deaf and hard of hearing students need to continually assess their needs to gain greater confidence and independence within mainstreamed environments. Managers should provide "sensitivity enhancement" opportunities for the tutor/notetakers. Courses in sign language, study skills, uniqueness of deafness, are some areas of professional development for T/N's. Often managers pay T/N's to enroll in these courses, or to participate in workshops, presentations or retreats, so that incentive awards will occur most effectively.

Salaries can be established with an incentive pay scale for those T/N's obtaining greater communication skills; participating in sensitivity enhancement training, serving the program for several semesters or years, or generally demonstrating excellence in services provided.

A manager's responsibilities might include the following: participating in training and recruiting programs, scheduling T/N assignments, evaluating ongoing notetaking and tutoring efforts, scheduling individual meetings with T/N's for periodic evaluations, providing group meetings with T/N's for general training and procedures; meeting with instructors for consumer education awareness, meeting with hearing impaired students to provide consumer education training, planning, providing special workshops for meeting T/N needs, meeting with other T/N managers or support personnel for information sharing, evaluating the support services within the learning environment, developing modified or new strategies for notes and tutoring, as needed, budgeting all aspects of the program services (time cards, payroll salaries, hours recorded and documented), training and materials costs budgeted, procedures documented for T/N's (pay rate, time cards, unannounced cancellations, honor system for reporting, address/phone file, schedules and assignment changes, scheduling priorities, mail folders or T/N communication vehicle for announcements and information, note distribution procedures, T/N and instructor contacts, T/N and student meetings and communication system, class attendance, tutoring schedules procedures, getting substitutes, trips and films coverage, handling unscheduled procedures or activities, designing pre-service training for the hearing impaired students.

Managers should promote their tutor/notetakers whenever possible. Strategies might encompass: letters of recommendation, letters to principals or deans which acknowledge T/N efforts, encouraging instructors to publicly recognize the T/N within the classroom, through letters and other acknowledgments, documenting efforts and enhanced learning due to T/N services, encouraging T/N's to participate in presentation, workshops, training for recognizing their professional expertise, providing incentive raises, paid participation in professional training programs, paid sign language course incentives, maintain ongoing evaluation feedback, accredit special projects and publications when/where applicable, lunches or one-to-one meetings that focus upon a T/N's development; his or her personal and professional growing.

T/N problems that managers might anticipate include: (1) overcoming guilt a T/N might feel when academic failure, disinterest, or negative attitudes are demonstrated by the hearing impaired learner; (2) frustration at developing professional support service credibility when working with instructors and peer learners; (3) developing sufficient communication skills to meet the needs of the learners who are receiving support services; and (4) understanding the role of a tutor and then developing appropriate skills to tutor hearing impaired learners effectively.

In summary, we must recognize tutoring and notetaking as essential learning components for many hearing impaired students. Managing T/N support services requires much more than the mere acknowledgment of student needs, however. Management demands a sensitive assessment of the academic environment; then to provide appropriate services to compliment the learning situation, students, instructors and the tutor/notetakers must commit their time and effort. Management guidance must be provided to bridge the needs of all three populations. Together we can provide an effective, efficient support for the hearing impaired learner. Management required for a strong T/N program is sometimes understated. The learning outcomes are not. Tutor/notetaking services enhance educational experiences. The total efforts invested allow for big rewards: better communication, more in-depth comprehension, and essentially the routine occurance of more effective learning.

(Paper prepared in cooperation with Ed Cain)

OVERVIEW OF THE NTID TUTOR/NOTETAKER PROGRAM

T. Alan Hurwitz, National Technical Institute For The Deaf

OVERVIEW OF NTID

It is an honor to be asked to speak to you about the educational support services programs that are made available to hearing-impaired students at the National Technical Institute for the Deaf (NTID). NTID was created because of the need for educational opportunities for the deaf in technical fields. Many persons felt that the deaf could succeed in semi-professional and professional employment in science, technology and the applied arts if given a specialized education.

NTID is the nation's first and the only national post-secondary technical program for the deaf. It is also the first effort to educate large numbers of deaf students within a college campus planned primarily for hearing students It was established through Public Law 89-36 in 1965 by an Act of Congress and receives funding through the U.S. Department of Education. NTID is located on the campus of Rochester Institute of Technology (RIT) in Rochester, New York. RIT was chosen as NTID's sponsoring institution in 1966 because of its long history of success in technical education. The first group of 70 students enrolled at NTID 1968. The present (1980) enrollment of over 900 students represents almost every state in the United States.

EDUCATIONAL SUPPORT SERVICES AT RIT THROUGH NTID

The basic mission of the Educational Support Service Programs (ESSP) at RIT through NTID is to ensure that hearing-impaired students receive the highest possible quality of instruction. One method of accomplishing this goal is to make available interpreting services to deaf students and faculty/staff so that they will have full communication access to all programs and services at RIT which are related to the missions of NTID. Another method is to provide quality notetaking services to deaf students. As an important part of the mission, NTID is responsible for preparing instructional staff to effectively teach hearing-impaired students, and for training those who provide and manage educational support services. It is the job of the educational support services people to help RIT faculty members achieve this understanding and involve deaf students in the classroom activities by utilizing the available resources effectively.

Teams of professionals are available to assist deaf students who are cross-registered and mainstreamed with hearing students in the other colleges of RIT. These teams, called Educational Support Teams, consist of a chairperson and a group of educational support specialists. Members of the support team know each college program, the majors and the faculty within that college. They provide deaf students with information about the requirements in each college and the job opportunities available for successful graduates. They help each deaf student develop a program of study that will best meet his or her needs.

In addition to advising the students, the teams also consist of resource leaders who help the students to arrange for any educational support services that may be necessary. Educational support services such as interpreting, notetaking and tutoring are arranged on an individual or group basis, as necessary.

To meet the mission of NTID to promote a concentrated effort in the research into and the development and implementation of educational support service programs supportive of the educational and personal/social growth of deaf students, several major research thrusts are being explored by NTID. The major thrusts are: 1)cognition and learning, both as it impacts in and out of the formal, non-integrated and integrated classroom setting, 2) instructional strategies related to effective teaching, use of interpreters, tutors/notetakers and technological instructional aids, and physical and demographic characteristics of the instructional setting, 3) personal and social development as measured by student outcomes in and out of classrooms related to the maturation process towards successful adult living, 4) career education and its impact upon decision making, planning, and progressing towards identified adult life goals, and 5) educational/psychological assessment concerning the validity of tests used with deaf respondents.

TUTOR/NOTETAKER PROGRAM

It seems appropriate to give a brief history of the educational support services at NTID leading to the development of the Tutor/Notetaker program at NTID. When NTID was first established in 1968, there were no special educational programs for deaf students; thus all of them were placed in regular classes at the other colleges of RIT. The interpreting services were made available to students who needed them, but they were not sufficient for some of the students who had difficulty in taking their own notes while watching the interpreter simultaneously. Hence, additional educational support services (e.g., notetaking and tutoring) were developed and offered to these students. In 1969 a new notetaking procedure for deaf students was established (Stuckless, 1969). A special looseleaf notebook featuring a vinyl cover, with two snap rings at the top, with a rear flap which extends up under the front cover was developed for notetakers. The notebook contained 200 sheets of pressure-sensitive paper so that a hearing student notetaker would be able to take lecture notes and assignments in duplicate or triplicate, retaining the original copy and sharing a duplicate copy with deaf classmates.

During these early years at NTID, two hearing students in each class were asked to volunteer to take notes for deaf students in their classes, so that the deaf students would have at least one version of notes for their personal study needs. This worked well for a while, but later we became concerned with the quality of notes. Likewise, we had difficulty in recruiting and securing qualified notetakers, probably because the novelty effect in providing notes to deaf students on a voluntary basis wore off as the number of NTID students enrolled in the other colleges of RIT rapidly increased. It was determined that the quality of notes taken by volunteer notetakers varied greatly. Many volunteers understandably preferred to concentrate on the lectures and take notes for their own purposes. In some situations these notes, when shared with deaf students, were not useful to the deaf students since there was much crucial information missing from the notes.

Hence, a training program for notetakers and tutors was established in 1974. The rationale for providing a dual training program (notetaking and tutoring) to trainees is that it was presumed that the notetaking techniques would be greatly enhanced if the notetaker also had the skills to review the notes, whenever necessary, with deaf students. It was ultimately decided that notetakers could help deaf students to clarify or explain the notes, define and provide additional examples to some problem areas in the notes. The notetaker/tutor would be trained to have the knowledge and sensitivity to refer the deaf student to an appropriate individual (a teacher or a professional tutor) if and when the student required intensive tutorial assistance. In some situations the notetaker/tutor would be able to provide tutorial assistance only if the individual had strong subject background and communication skills to work with deaf students. In this case, it becomes very important that the notetaker/tutor and the classroom teacher work closely together.

The evaluative data was gathered over a three year period in the program designed to provide peer tutoring and notetaking for mainstreamed deaf college students at NTID. The results of these studies indicate that with proper training, college age peers can provide quality tutoring and notetaking services (Osguthorpe and Hurwitz, 1979)

DISCUSSION

It is still too early to determine the significance of the educational support service programs for deaf students at RIT. However, I would like to share with you some of my insights about the performance of deaf students in the RIT classes. Although most of the deaf students at RIT receive interpreting services, some of them still encounter considerable difficulty keeping pace with their hearing classmates. Contributing to this difficulty is the tendency of teachers to move around, speak too rapidly, use terminology with too much abstraction, and neglect to use appropriate visual aids in the lectures. It is also difficult for many of the deaf students to conceptualize the meaning of particular spoken content in a lecture or discussion even though it is interpreted (Hurwitz and Witter, 1979).

Notetaking is viewed as one of the most viable and cost-effective means of providing support services to deaf students in regular classes. Each deaf student has different needs for support services. We should keep some critical thoughts in mind as we design a support service program for each deaf student. We may ask the following questions:

1. Can the student use his interpreter well? Does he have the facilities for effective use of the interpreter in the classroom (e.g., understand signs well and/or read lips well)? Is the student able to understand the teacher without the aid of an interpreter?
2. If the student is able to understand the teacher with or without the aid of the interpreter, is he able to take his own notes in the classroom? If so, how good are his notes? Are they helpful to him in his study sessions?
3. If he is not able to take a complete set of notes, is he able to just jot down his own thoughts, concepts or key terminolgy which may help him in his further studies as he compares them with other set of notes provided by a trained notetaker or someone else?
4. What kind of notetaking assistance would be most appropriate for the student? Would a trained notetaker be required? Or would a volunteer notetaker be sufficient? Would the student be satisfied with the notes provided by his professor, if any?
5. Does the student use his notes or notes from someone else as one of the primary study sources? Does the student compare the notes from a trained notetaker or someone else with his own jotted notes, if any, and rework his notes?
6. If the student is not able to use an interpreter at all nor is able to understand the teacher at all, would notes provided by a trained notetaker help at all? Would he need a tutor, also? Is it the best way to provide a support service to the student? If not, what are the other alternatives?
7. What additional support services besides interpreting, notetaking and tutoring would be needed for the student? For instance, does the student have a severe reading problem? Is he academically prepared for the course? Does he have any other problems (e.g., emotional or social) which may be hindering his academic progress in the classroom in spite of all the support services being provided to him? Can a tutor effectively help him to develop his study skills and classroom participatory skills?

In the final analysis we must ask questions to determine whether the notetaking and tutoring support services are worthy for a particular student. We must find out if these support services are helping the student to improve his grades. We must find out if this support is helping him to participate more actively in the classroom. We must find out if the support services are cost-effective and beneficial to the student. We must find out if the student is becoming an independent learner and is responsible for his own academic, social and emotional performances in the utilization of these support services. We must find out if the student is fully aware of the value of this support service and understands clearly the consequences when it is reduced or eliminated. We must find out if the student is playing a crucial part in the effective utilization of the support service.

CONCLUSION

I believe it is appropriate to close this paper with some of the quotations from the NTID FOCUS, Fall issue of 1978 regarding support services:

> "With the proper mix of motivation and hard work, most students do quite well. While support services are extensive at NTID, there are limitations. Some people expect interpreters and other providers to creat miracles. Support services can help neutralize the gap between deaf and hearing students in the same class, but it will not eliminate core problems related to student learning or achievement. Students need to learn how to help themselves and use support services to enhance their potential for regular classes. Support services can help, but students need a lot more than that to succeed, such as study skills, social skills and good academic preparation".

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THE TUTOR/NOTETAKER AS A SUPPORT SERVICE FOR DEAF STUDENTS: VIEWPOINT OF A CLASSROOM TEACHER

Fred L. Wilson, Rochester Institute of Technology

ABSTRACT

A classroom teacher who has both hearing and deaf students in a regular classroom summarizes his own experience with support services. Some important lessons learned by the insturctor, which contribute to his success as a teacher in general are presented. The Tutor/Notetaker is a vital support to a classroom teacher and contributes significantly not only to the success of deaf students, but to the teacher.

VIEWPOINT OF A CLASSROOM TEACHER

My primary responsibility as a teacher at the Rochester Institute of Technology, is to teach courses in Science, Technology and Society to a mixed group of majors from the Institute -- ranging from business to art to engineering. Class size varies between 25 and 50 students. I was introduced to the role of support services in the classroom for accommodating deaf students in a regular classroom about five years ago. I have learned a great deal about the vital nature of these support services -- how to use them, and how they can be helpful to me beyond the needs of deaf students -- and my teaching has improved for all students as a result of this learning experience. I am an advocate for the role of support services.

I have been able to use manual communication while lecturing in spoken English for some time. However, in teaching classes that contained deaf students and normally hearing students, it became clear to me that without support services students would have little or no chance of success. Even an ecpert lipreader would find it impossible to watch the teacher, take notes, and assimilate the material, all at the same time. In a very real sense, students without support services (which I will describe later) are not really even exposed to the same material that hearing students are. I learned a principle: deaf students (or any students for that matter) learn very little of what they are not exposed to.

Initially, I had anticipated that because I used manual communication in the classroom, deaf students would be able to function on a par with the hearing students. Here I was wrong. I learned that deaf students have to concentrate so much on understanding what I'm saying (or, should I be using an interpreter, as is sometimes essential, understanding the interpreter) that he never has time to synthesize the information in class or in individual study. In addition, the flow between the teacher and classmates contains information that may be essential, but which deaf students get with gaps they cannot fill alone. From this I learned another principle: The degree of learning is reasonably proportional to the time spent on content minus the time spent trying to find out what is going on.

By support services, I mean notetaking, tutoring, and interpreting. However, the fact that they may be provided to deaf students is no assurance that students will want them, or even know how to use them. "Do I want an interpreter?" or "Do I need a notetaker?" are questions most students have never faced before coming to college. Thus, I found one of the most important functions for support service personnel was to help deaf students be more able to ascertain their own needs, then to take steps to obtain the assistance they want. Also, they often will need some explanation and instruction in how to use an interpreter, either oral or manual, how to use notes or tutoring, and how to study. This I cannot provide alone with a student load of about 150, and three courses to teach. Additionally, while I am responsible for every student in my courses, I do not have the expertise to advise deaf students on every aspect of their support needs. I require support services to help me understand what the student needs are, so I may remain their teacher too, and not relegate that responsibility to others (by abdication).

Support service personel may be familiar with a variety of techniques used by a variety of teachers, and may be able to suggest strategies to me that will greatly assist deaf students. When I have adopted these techniques, I have found that all students benefit, not just the deaf. I found it was possible to develop perfectly adequate tools that are simple, non-capital intensive, and which are based on curriculum development, rather than expensive machinery. An example of this was in the course I teach, Science and Human Values. Deaf students who had taken the course from a regular instructor who was supported by a notetaker and tutor, as well as an interpreter, had experienced great difficulties with the course. Most every deaf student who took the course complained bitterly that it was a worthless experience.

I chose to develop a course that would accommodate deaf students without turning off hearing students. One problem common to both groups is language, alghough certainly deaf students suffer a much greater problem than do normally hearing students. So, with the help of the support person working with me, we determined that homework, and written projects would be reviewed and given temporary grades along with several comments about strengths or weaknesses of the work. At any time, the student decided, he could have the grade recorded. If he decided to srsubmit an improved paper, that was fine too. But the first draft had to be his own work. Support personnel could then ethically work with a student to improve English. Hearing students loved the opportunity too. They found that now they were being evaluated on the course content, not on their ability to compose an essay. This suggested to me another principle: students should be evaluated on demonstrated learning of the course material, not on skills not taught in the course, e.g., reading and writing.

A coursebook was developed to guide all students through the entire course. All assignments, due dates, and additional readings were in the coursebook. The reading level of this coursebook we measured to be at the upper high school reading level. However, the notetaker/tutor involved in the class participated directly in development of the material, and was fully aware of the intent and direction of the instructor. Any problems with the material that a deaf student might have, could be resolved by talking with the support person involved.

I discovered that student evaluations of support services made it apparent that a teacher who could both talk, and sign at the same time was preferred by most deaf students. Therefore, I determined not to use an interpreter, except in special situations; (student presentation, movies, visiting speaker). Interpreters are always behind the speaker's words, and the spontaneity of the classroom, essential to this course, was lost to deaf students. A point would be made and left before the deaf student had a chance to get it from the interpreter. Of course, this is not always possible for faculty, but it should be encouraged, and has not ever been a problem for normally hearing students. I have six years of student evaluations, and never has one student complained that signing on my part interferred with him in any way.

I feel that a trained notetaker/tutor, competent in the course material, as well as in developing good notes, was essential for the success of deaf students. This support person would serve as a notetaker/tutor for deaf students, and participate in course development with me. In my experience, I benefit from the participation of someone observing the class daily and aware of what I want to accomplish as well as how the students are satisfying those objectives. From this, I learned another principle: deaf students can be helped by support people only to the degree the support people are part of the curriculum process, and that the support people can be diagnostic of student needs. One major advantage I gained, was a copy of the classroom notes. These were not equivalent to my lecture notes; they showed what a trained person was able to summarize of what got across in the classroom. They helped me review what occurred in the classroom, provided me with an opportunity to correct errors (mine, misunderstandings of students, and others), and made clear to me when additional materials were needed. I now place a copy of the notes from each class on reserve in the library for all students. I also include additional materials supplemental to notes and textbooks, which I find necessary.

One of our faculty was suddenly taken ill, and it was necessary for me to take over his course. The excellent set of notes on file for his course enabled me to take up exactly where he left off, continue as he planned, and remain faithful to his concept and expectations. We don't plan for such emergencies, but notes provided me a real asset when it did happen.

I mentioned above, that support personnel must be diagnostic of student limitations. With my student load, I cannot give deaf students the attention they may require; how to use the library, how to write a research paper, how to present a class presentation, how to pick a topic for a project -- all skills a college student is expected to bring to campus. The tutor can assist students to become aware of his own limitations, and to be specific about what he does not understand. This may be one of the most important qualities for success in college work.

Notetaking provides hard copy of classroom proceedings. No teacher can anticipate everything that will happen in class. Real learning suggests that students will have valuable observations to make. Deaf students may miss these. Much information is available only in the classroom, and notes are often the only source for later study.

I found that the mix of the class was an important factor. Experience has shown me that it is best to have about one-third of the class composed of deaf students. A class predominantly deaf led to hearing students feeling overpowered by the deaf students, and an attempt to teach two or three deaf students in a class of 45, made the deaf students feel ill at ease, even though they could communicate with the instructor. Of course, this is not always possible, but support personnel can greatly assist me by advising, and scheduling students so that they are clustered, and not shotgunned over the entire curriculum. It is better for me, and certainly more efficient use of support time.

After six years of using support services, I continue to benefit from having them, and they contribute to improving my teaching for all students. Since my objective is to become the best teacher I possibly can be, for all students, I welcome this opportunity. It requires little of my time, but a great deal lf openness to observation and to suggestions. I have also had to learn to take criticism, and I suppose that has not been harmful either.

THE TUTOR/NOTETAKER AS A SUPPORT SERVICE FOR DEAF STUDENTS: THE TRAINING PROGRAM

Jimmie Joan Wilson, National Technical Institute for the Deaf

ABSTRACT

The National Technical Institute for the Deaf (NTID) has developed, field-tested and implemented a program of tutoring and notetaking for deaf students enrolled in mainstreamed classes at the Rochester Institute of Technology. The aspects of the 30-hour training program for hearing students who work as T/N's are information on deafness and its handicapping conditions, the techniques of tutoring, and the functions, mechanics, and techniques of notetaking. A brief description is presented of each category of the training program, as well as the evaluation of the T/N's performance.

TRAINING OF TUTOR/NOTETAKERS

Since I have been involved at the National Technical Institute for the Deaf, (NTID), with the provision of notetaking and tutoring as a support service for deaf students the question has been asked me, many times, "What's so difficult about taking notes? Why do you pay students to learn to take notes for NTID students?"

The answer to that question is one of the basic reasons for our being here today, and for our giving so much time, attention and money to the development of the Tutor/Notetaker Training Program and its related materials.

Our training program, which is found on pages 32 through 72 of THE MANAGER'S GUIDE (Osguthorpe, et al, 1980), is divided into three distinct sections: Training in the problems related to deafness, training in the techniques and functions of notetaking, and training in tutoring. If I were asked which of these areas is the most important, I think I would have to say that the first area is most vital: information about deafness, the "invisible handicap".

Consider that the students who come to NTID, about 900 during the 1979-80 year, represent the cream of the crop from some very expensive special programs for the deaf, yet they have an average reading level of 5th grade. The magnitude of the problems of deafness begins to emerge. Deafness is a handicap of communication. Learning to speak, read or write a language you cannot hear is an almost unsurmountable barrier.

Nix (1976) and others have compared the problems of deafness with the problems of racial minorities, and the new legislation concerning the rights of the handicapped with the rights of racial minorities. Education of the handicapped, or education of the deaf which is our focus, brings with it all the attending hostilities that our culture possesses concerning anyone who is different: whether that person is from a particular ethnic or racial group, or is physically disabled, or has a Southern accent, or whatever--"different" equals "unwanted".

We give particular attention to sensitizing our T/Ns to this fact, and helping them deal first with their own attitudes, then with the attitudes of others with whom they must work. Because of their communication differences, whether it is using manual communication, or speaking with obvious difficulty, deaf persons are ostracized many times, and in college, teachers many times show they are full-fledged members of society by showing the same hostilities that deaf persons meet in other places. College society is no better merely because it is better-educated.

A reality that has emerged, in my experience, is that once someone has taken on the responsibilities of trying to overcome the difficulties that deaf persons face, he also takes on bearing the brunt of society's attitude about the deaf.

This fact may be hard for college students -- indeed for anyone -- to deal with. The fact, too, that the deaf student may resent the person who is trying to help, while a natural reaction, is hard to deal with. Hearing students need to be helped to recognize these hostilities, recognize where they come from, and deal with them appropriately. I tell our students they are becoming "social change agents", and I believe that is very true.

It has been a continual pleasure to observe the seriousness with which hearing students approach the problems of the deaf students, and become part of the solution. A second pleasure has been that every year a few of the student T/Ns decide to go into some area of education of the deaf on the graduate level, or share experiences where their employment as T/Ns was responsible for an unusually positive experience in a work situation after graduation.

In our program, notetaking and tutoring are performed by the same person, so that the notes are in actuality a form of tutoring. The way material is presented on the page, the way language is modified, adapted or amplified based on the specific needs of the student are forms of tutoring. Writing in complete sentences is a way of modeling language, as well as working toward clarity of presentation. The tutor/notetaker who knows the strengths and weaknesses of the students for whom notes are being written can write the notes with these facts in mind. If the T/N has experience in the specific course or with the specific instructor, the notes will reflect this knowledge also.

Tutor training

A T/N might be called upon to do all or some of the following types of tutoring:

1. Procedures clarification, such as when a student wants to know when a paper is due and what the professor wanted the paper to contain. This type of tutoring might be a quick review of the notes to help the student ascertain the information.

2. Test Preparation, when a student schedules a tutoring session one week before a mid-term exam. The tutor might help the student prepare a practice test, go over it, correct, and discuss the answers.

3. Course content study, which is a more in-depth look at the content of the course. A student may ask for an explanation about a chapter in the text. The tutor could discuss the concepts and then ask questions to make certain the student understands.

4. Completing a project, which is fairly self-evident. Many times students are unclear about the topic for a project, and needs help in choosing a topic. The tutor could lead the student through a process by suggesting several general areas, then have the student come up with a topic. The tutor would ask the student to check his choice with the professor.

Training for tutoring focuses on helping the tutor to become more empathetic, supportive, non-punitive, and encouraging. Attention is given to communication needs of students, and on building rapport with the deaf students. Tutoring training consists of several sessions on role-playing, and this training is continued through in-service training throughout the year.

We have found that T/Ns themselves can be very effective in training efforts, particularly in role-playing real situations they have personally encountered. Experienced T/Ns are also effective mentors for newer colleagues.

This "Tutoring Techniques Skills Checklist" (Osguthorpe, 1980, p.36) will give a good overview of the topics covered in tutoring training.

Skills Checklist

(Tutoring Techniques)

Periodically you should administer a checklist to yourself to assess your own growth as a tutor. On this page, below, is an example of a checklist designed especially for this purpose. The most appropriate time for this checklist to be used would be immediately following a tutoring session, after the student has left the room. Each time you complete the Skills Checklist, keep a copy so that you can compare your past performance with your present. As you feel you are mastering each of the skills on the checklist, you will need to use it less frequently.

Tutor ______________________ Student ______________________

Course ______________________ Date ______________________

1.	How effective is the rapport you have developed with your students(s)? If you tutor more than one student, respond separately for each.	1 negative	2	3	4	5 positive
2.	Is the student becoming more independent or less independent of you and your services?	1 less	2	3	4	5 more
3.	How effective are your communication skills					
	Expressive	1 poor	2	3	4	5 excellent
	Receptive	1 poor	2	3	4	5 excellent
4.	How effective are you at using visual aids (books, diagrams, pictures)?	1 poor	2	3	4	5 excellent
5.	How often do you use praise and encouragement when the student performs well?	1 never	2	3	4	5 very often
6.	How often do you punish incorrect answers (verbally or by a disappointed facial expression)?	1 very often	2	3	4	5 never
7.	How competent do you feel at handling incorrect responses or poor performance?	1 incompetent	2	3	4	5 competent
8.	After each tutoring session, how often do you fill out a Tutor Log?	1 never	2	3	4	5 always
9.	How confident do you feel in your ability to determine the student(s)' instructional needs?	1 unconfident	2 f	3	4	5 confident

Notetaking training

The functions of notetaking, as presented in THE TUTOR/NOTETAKER, are the following:

- -- Be on time to class. You can't have complete notes if you're not in class.
- -- Get feedback, from teacher and student. Establish an attitude of openess.
- -- Determine your role in class, particularly what the teacher expects of you.
- -- Be unbiased. Do not let your own opinions reflect in the notes.

The mechanics of notetaking, or "how to do it":

- -- Number, title, and date each page, so that the student can keep track of the notes easily.
- -- Use 8½ by 11 inch paper, one side only. Leaving the other side blank leaves room for the student to add his/her own material.
- -- Use black pen. Black is easier to read or copy later.
- -- Write legibly. A complete transcript, if illegible, is worth nothing.
- -- Leave blanks when you are unsure. Go back later after checking with the professor or textbook.
- -- Use correct spelling, or write "sp" to help you in re-checking spelling.

Techniques and instructional helps:

- -- Use white (blank) spaces effectively. It is difficult to read something that is written crowded.
- -- Listen, store, write. Remembering what has been said, while listening to what is being said is a real skill.
- -- Mark points of emphasis by using asterisks, boxes, or capital letters
- -- Define difficult vocabulary by using simple synonyms.
- -- Use complete sentences to enhance the student's own language development.
- -- Use diagrams and illustrations wherever possible or appropriate.
- -- Organize the information,by using headings, indentations, numbering.
- -- Include as much as possible. Give the student the right to decide what is important or what to ignore.
- -- Indicate the speaker, particularly when students are asking questions, show the teacher's responses.
- -- Use abbreviations carefully so that no confusion is fostered.
- -- Rework the notes later if there are confusions, illegible writing, or concerns about spelling.

All of these points are explained, amplified and illustrated in the manual.

As in the tutoring training section mentioned earlier, a check list is included for T/Ns to monitor their own progress, and as an aid in remembering all the points covered in the training. Here is a sample of part of this checklist:

	FUNCTIONS		YES	NO
1.	I am on-time to class.			
2.	I ask for feedback on the quality of my notes from:	students		
		professor		
3.	I have discussed my role as a T/N with the professor.			
4.	I support student rules concerning attendance and notes distribution.			
5.	I try to leave my own biases out of the notes.			

(Osguthorpe, 1980, page 97)

Conclusion

In summary, we have found that hearing students can function quite adequately as tutor/notetakers for deaf peers, if training and management systems are appropriate and consistent. The resulting interaction between the deaf and hearing students is very positive at the time, and in the future, for both groups. Social change occurs when the experiences are positive. Student employees benefit, because meaningful jobs are available for them on campus, deaf students benefit, because adequate support services are available, and teachers benefit by being freed from the extra attention sometimes necessary for handicapped students in a mainstreamed class. In short, the results are positive, and the cost is low. I recommend the NTID Tutor/Notetaker program to any school or college seeking to provide academic support services to deaf students.

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IN-SERVICE TRAINING: CONSIDERATIONS FOR HEARING IMPAIRED STUDENTS

Jo Anne Simon, Gallaudet College

ABSTRACT

When developing in-service training programs with an emphasis on deaf students, a number of issues come to the fore: among them are psycho-social aspects of deafness, English as a second language and linguistic bigotry. This paper will briefly discuss these issues and suggest strategies for dealing with them.

In discussing support services for disabled students, the group that comes to mind as being the least recognized and most misunderstood is hearing impaired students. While there may be several reasons for this, perhaps the most critical factors are (a) that a hearing loss is a "hidden" disability and (b) most people think of a hearing loss as simply the inability to hear. Strange as it may seem, the latter couldn't be further from the truth.

Certain critical issues must be addressed in an effective in-service program on hearing loss. A good starting point is a clarification of often used and confused terms. A hearing impairment is a reduction in the sensitivity of the hearing mechanism. The term hearing impairment describes any type or degree of loss from the mildest to the most profound. Many hard of hearing people prefer this term. Hard of hearing generally means that a person has a mild to moderate hearing loss. Deafness indicates that hearing is, for the most part, non-functional. Deafness precludes the understanding of speech through hearing alone. For purposes of this paper I will use deaf and hearing impaired interchangeably. A hearing aid does not make a hearing impaired person hear the way glasses make a myopic person see. A hearing aid is an amplifier and receiver which simply magnify sounds in the environment. In other words, a hearing aid will pick up outside noises and amplify them as much as the spoken message. A hearing aid does not sort or process information. In addition, it produces static, distortions and other noises to further confound the issue. Hence, a hearing loss is not simply not hearing. It is rather, a most complex communication disorder.

The effect of hearing loss on communication or more specifically, on language, depends greatly upon the age of onset. Generally we speak of a hearing loss as being either pre-lingual or post-lingual. Should a person lose their hearing after age three, we say he or she is post-lingually deaf. If a child is born deaf or loses his/her hearing before age three, we say that child is pre-lingually deaf. This means the normal and most effective channel for learning language has been impaired before the child has had the opportunity to learn the language spoken by the society in which he/she lives. One can see then that many deaf students are expected to function in a world where they have never really learned the language behind those silent, flapping lips.

Deaf children born to deaf parents are blessed with communication from birth. They do learn language during the optimal language learning years, 0-3. This language is American Sign Language (ASL). With a firm base of American Sign Language, this student is often able to master English and becomes truly bi-lingual. However, ninety percent of hearing impaired children are born to normally hearing parents who are totally unprepared to raise a deaf child and often don't find out that the child is, in fact, deaf until he/she is three or four years old. A lot of "late-bloomers" have turned out to be deaf! Fortunately, thanks to early identification programs, this occurs less frequently today. However, the vast majority of deaf students presently of college age are victims of the old professional run-around. These students also learned English as a second language but without the benefit of ASL as a first language. Imagine the implications of this.

So here are faced with Sally Jones, a student who cannot hear, is a native user of ASL, has barely functional English skills and wants to go to college. We give Sally a placement exam and lo! and behold she does miserably. Yet she seems intelligent. Maybe she is retarded too, but doesn't look it??? She doesn't understand our jokes, and speaks in short, often grammatically incorrect sentences. Just doesn't seem to "fit". Are we faced with someone who is simply not college material? Probably not. We are dealing with a cross-cultural situation. If you were to visit France after taking a few high school French courses, you would have a rudimentary understanding of French. But you would not really understand most of what was going on. You would appear to be somewhat intellectually deficient. You would not understand French humor, etc. Similarly, the deaf student may not appreciate "hearing" humor. Think about the linguistic elements of what we term "funny". The deaf community has their own brand of humor; some of it directed at those boring hearing people.

As hearing people, we often try to impose our linguistic standards on the deaf. For years, people have described ASL as Pidgin English. ASL is not English, pidgin or otherwise. ASL is ASL, period. The hearing majority has, albeit often unintentionally, been guilty of linguistic bigotry. As Dr. Harlan Lane of Northeastern University states, "The natural state of man is linguistic bigotry; my language is the only true language."(Lane, 1980) According to Lane, we view people who do not master our language as either foreign or retarded. Hearing impaired individuals are certainly not foreigners. Therefore, their failure to use English properly must be due to faulty intellect. The linguistic errors the deaf student makes in writing are seen as the result of defective cognition; not as the over-extension of memorized English rules and the interference of his/her first language. Lane puts it strongly when he states, "No imperial power has as ruthlessly suppressed the language of its colonized people, no state has as systematically sought to undermine a linguistic minority within its borders, as the hearing people in our several nations have sought to deny, denigrate and disbar the manual languages of the deaf." (Lane, 1980)

Alright, where do we go from here? We still have Sally Jones on our doorstep. How do we convince the faculty that Sally is capable of higher education? What services can we provide Sally that will assist her in understanding the material and responding appropriately to class assignments?

Obviously, most deaf students will need an interpreter. The local Registry of Interpreters for the Deaf (RID) should be able to provide you with a list of qualified interpreters. It is crucial that someone on your Disabled Student Services staff fully understand the role of the interpreter. Interpreter ethics and standards are available through RID. It is also very important that a student's preference for an oral interpreter be respected. Not all hearing impaired people use sign language.

Deaf students will also need notetakers. It is very important that a deaf student is given quality notes. Remember, we are dealing with a student who will be reading notes in his/her second language. They must be clear and well-organized. It may be necessary to train notetakers before they begin working for a deaf student. Another service many deaf students will require is tutoring. Again the main issues here are the language and reading difficulties the student may experience. It is critical that the tutor and student communicate effectively. Therefore it is entirely likely that an interpreter will be needed for both classroom and tutorial situations.

What do we do to help our faculty? An in-service program must address the issues of deafness, communication and language and cross-culturalism. One good way is to liken the situation to being a foreigner. Hearing impaired students can easily give credence to this by conducting a short sign language session and proceeding to converse with each other in a "reverse" situation; e.g.: the hearing faculty member being the linguistic minority. Even if the deaf students sign in manually coded English, not ASL and only use signs previously demonstrated, the hearing people will miss most of the conversation. They will, however, be able to pick up bits and pieces; just enough to really frustrate them.

A guest speaker to address interpreting ethics and issues is another way to create awareness and reduce the incidence of interpreter misuse.

A technique often used in handicap awareness programs is the simulation of various disabilities. This technique, however, has limited use with regard to hearing loss. The nature of hearing loss is such that ear plugs, head phones, etc. are not appropriate. The only way of accurately simulating a hearing loss is through the use of masking devices, which are expensive, and few and far between. Work is currently underway to make effective, inexpensive masking devices available. One good way to give people an idea of what a hearing loss is like is to play a recording of simulated losses. "Getting Through" and "Through the Sound Barrier" are two recordings which may be used. The National Academy of Gallaudet College has information about locating copies of these recordings.

Obviously, each campus has its own dynamics and needs for faculty development/education. Analyze your campus' situation. Find out from your deaf students what areas they feel are most critical for them and address those first. Very little has been written on the subject of mainstreaming deaf students into hearing colleges, but one excellent resource is The Deaf Student in College published by the Gallaudet College Press, 7th and Florida Ave., N.E. Washington, D.C. 20002.

In summary, deaf students have long been denied their rights to communication and education in the mainstream of American society. By educating the hearing majority, we can begin to deal more effectively with the issues of language, cross-culturalism and linguistic bigotry, and finally open the doors of higher education to the hearing impaired minority.

REFERENCES

Lane, Harlan, Some Thoughts on Language Bigotry; unpublished manuscript; Northeastern University; Boston; 1980.

Summary and Expo

THE MEATY ISSUES BOILED DOWN: INGREDIENTS INVITED

Alfred H. DeGraff, Boston University
Janet K. Huss, Iowa State University
Colleen Miller, SUNY-Buffalo

An announcement was made that Section 504 regulations, as they apply to higher education, have been reissued by their new overseer, the federal Department of Education. There are few changes, but all are urged to pick up free single or multiple copies through their regional Office for Civil Rights (OCR). Requests should be made for the 5/9/80 Federal Register, Part 104.

Al De Graff, as chair of the session, then introduced other panel members and noted that, typical of projects of the Association, the conference had been super.

He emphasized that an evolution in topics and their refinement had taken place since the first gathering in Dayton. "We've come a long way in three short, but very active years when our primary concerns centered around architectural access. We're still very concerned about structural access, but have also moved on to other issues as we grow and our knowledge of this field expands."

"At this conference we've benefitted even from topics of management and administrative strategies at an excellent session presented by Pat Marx. Richard Harris and Greg Thomsen coupled that session with one which, among other items, told us not only to mainstream activities, but also administrative responsibilities and costs. Even varying viewpoints on the institution's role in attendant care were presented by Sharon Bonney and panelists from UC-Berkeley."

As this evolution and topic sophistication continues, De Graff suggested that the next conference sessions might cover information from a newly founded Association task force on fire and emergency safety (Linda Daniels, Chair), more on sports and leisure, and topics geared toward specialized needs of different sizes and types of institutions. He relayed that he had heard wishes for "how to's" on academic accommodation, addressing the variety of disability types in various academic settings.

De Graff summarized his part of the presentation by emphasizing that no one has a monopoly on accommodation information--we must brainstorm collectively and there is no better vehicle in the whole country than the Association.

"Use the Association. Use its membership list as the best list of personal resources you will find compiled in one place anywhere in the nation. Note the specialties of particular members and add them to your desk-top file. Don't read the Association newsletter Alert; study it. It is by far the best compiled periodical, specifically geared toward our wide variety of concerns, that can be found anywhere. Use the special and standing committees with resource referral and employment referral services.

"Your responsibility is to contribute to these services. Help us recruit members, for the Association's collective benefit and yours--the more resources we have, the better our campus services will be. Share your ideas and projects with the newsletter--no idea is ever too small or elementary. Hop into a special or standing committee which interests you; create a new one when your innovative ideas find the need."

De Graff closed his presentation with citing, "There's an old ideal in higher education that anyone should be free to pursue as fine an education, and to whatever degree, as one wishes. Now there are many realistic limitations to this ideal, but certainly none of us here believe that a lack of opportunity and support services for handicapped individuals, designed to help them help themselves, should be among them."

Janet Huss then began her contribution to the session by stressing the need to benefit from both conferences and membership in the Association. She reminded us of numerous advantages. "Those who have been active in the field are rejuvenated in areas personally needing a brushup and fresh viewpoint. Support and encouragement are supplied to those entering the field, while established members welcome those fresh ideas and viewpoints contributed. A forum is provided for the exchange of ideas, philosophy, and service delivery. We also perpetuate the growth of our network of resources."

Jan had also kept her notebook open to comments during the conference of the past three days. "I found an enthusiasm already growing for next year's conference. Issues to be covered might include the problems of the small rural college or university, an even better understanding of learning disabilities (LD)--the numbers involved and new ideas on service deliveries--sessions specifically geared toward informational needs of new members, and an emphasis on expanding the conference items of the Program Resource Room and the Program and Service Expos with a special "Jobs" bulletin board."

She concluded, "As we grow through conferences such as this one, the Association can only meet your needs when you participate. I encourage you all to consider the call for programs for the 1981 Conference, your contribution to Alert, and feedback on the evaluation of this Denver conference."

Colleen Miller, a student at SUNY-Buffalo, and very active in disabled consumer groups and university-wide government, then presented a much needed student viewpoint on the "meaty issues."

"I found a tremendous resource in meeting with other students. This resource was three-fold in nature. We learned of old ideas which hadn't worked and why, established ideas which have become classics through proven success, and new, innovative ideas now being tried."

Colleen closed, welcoming student input to the Association as, "the primary resource it has for remaining truly accountable to needs of handicapped individuals."

"Ingredients" were then invited in the way of audience contributions about the then ending 1980 conference as well as further wishes on improvements for 1981.

Most topics presented looked toward 1981:

1) information to students on social/psychological supports --what are they and how to utilize
    a) living situations
    b) monies
    c) attendant/reader/signer needs
    d) transportation
    e) leisure activities
2) accommodations within vocational training programs
3) time management/setting priorities in a disabled student service department
4) recreation: adapted and mainstreamed
5) large, urban, commuter campus concerns (along with the small, rural, commuter community college)
6) substance abuse and the disabled
7) career development centers and integration with campus and outside resources
8) research outside the U. S.
    a) travel
    b) applicable legislative ideas we might lobby for here
    c) campus program ideas
9) futuristic planning toward 1985 goals
10) funding: sources and strategies
11) problem solving sessions decided by topics submitted in advance of conference
12) management skills for programs

On format:

1) entertainment sponsored by the Association utilizing talented, handicapped performers
2) a second, sponsored party to provide more gathering time
3) resource/expo rooms open in the evening
4) more repetition of concurrent sessions
5) a directory to the conference city with accessible transportation to dinner, nightlife, and cultural sites--choice of a listing of accessible sites, not a programmed, group approach

PROGRAM/SERVICE EXPO

Janet K. Huss, Iowa State University

ABSTRACT

The Program/Service Expo provided an opportunity for persons to share information about program, services, or activities with their colleagues. Twelve programs/services are described.

PROGRAM/SERVICE EXPO

Program/Service: Access Awareness Project

Submitted by: Patti Hague, Director of Facilitated Programs
Access Awareness Project for the Center for Education for Non-Traditional Students (CENTS, Inc.)

The Access Awareness Project consists of conferences, workshops, publications, and consultant packages to help postsecondary institutions eliminate some barriers and provide direct, on-campus advocacy and remedy for others. This project is supported by a grant from the Fund for the Improvement of Postsecondary Education of HEW. All services, workshops, and materials are available free or at very nominal costs to postsecondary institutions in Minnesota, North Dakota, South Dakota, Wisconsin, and Iowa. Schools in other areas may receive materials free of charge, but must pay transportation costs for the workshops.

The Access Awareness Project focuses on remedying the attitudinal programmatic and social barriers that are encountered after architectural barriers are overcome or removed. To date, three major workshops have been developed and tested in Minnesota.

1. An Awareness Workshop which increases comfort with and knowledge of the abilities of disabled people. The workshop includes a simulation of disability component and discussion of issues important in the lives of disabled people.
2. A Career and Life Planning Workshop which uses problem solving sessions, a panel presentation, and films to explore career and lifestyle options for disabled people that stimulate creativity and go beyond traditional solutions.
3. A Dialogue on Disability Workshop for students who consider themselves "disabled" and those who don't to explore feelings about and definitions of disability, independence, limitations, handicaps, and abilities.

New workshops are being developed regularly. Topics to be discussed in future workshops include recruitment and admissions, funding for support services and barrier removal, and problem solving for faculty in specific disciplines (i.e. the sciences, physical education, allied health, performing arts). All workshops include opportunities for dialogue with disabled facilitators, films, participation in exercises and discussion, and an introduction to the rich humor of the disabled community.

In addition to workshops, the Project sponsors a conference each fall. The 1979 conference was entitled "Opening Academia to Handicapped Learners: An Assessment for Change." The 1980 conference will be addressed to the five-state region. In 1980 the Access Awareness Project will sponsor a national conference.

The Access Awareness Newsletter is published quarterly and reports on the progress of the Project. It also gives information on resources, creative programs, and upcoming events. Anyone affiliated with postsecondary institutions can receive the Newsletter free of charge.

In 1981 a manual will be published to assist those who wish to put together their own workshops on disabilities. It will include the outlines, exercises, handouts, resources, and perspectives of the workshops developed throughout the project.

For more information contact: Patti Hague, Director of Facilitated Programs
CENTS, Inc.
3130 Grimes Avenue North
Robbinsdale, MN 55422
(612) 588-5141

Program/Service: Center for the Physically Disadvantaged, Community College of Denver

Submitted by: Kenneth L. Bosch, Director

CPD is a nationally recognized program of support services for the handicapped. Currently over 100 different types of services are provided to over 1,000 handicapped college students. Currently 26 different disability categories are represented.

Services are provided in the broad areas of:

1. Vocational Evaluation
2. Personal and Vocational Counseling
3. Health Care and Counseling
4. Academic Support Services
5. Job Placement

Students are mainstreamed into any of the three totally accessible campuses of the Community College of Denver.

For further information contact: Kenneth L. Bosch, Director
Center for the Physically Disadvantaged
Community College of Denver
3645 W. 112th Avenue
Westminster, CO 80030
(303) 466-8811 (voice or TTY)

Program/Service: Communication Services

Submitted by: Marilyn Grubb, Communication Services Supervisor
Warren King, Service Coordinator

Communication Services were developed as a component of Rehabilitation Services at Southwest State University, recognizing that communication is more than the isolated acts of speaking and listening. Communication is generally viewed as a social process involving the participation of two or more people. However, because of the symbolic nature of communication, the processes involved are also the same processes utilized in thinking and learning. Communication involves reception, perception, conceptualization, memory symbolization, attention, and motor control.

Thus, communication disabilities include not only the traditional communication disabilities such as hearing, language and speech impairments, but also visual impairment, learning disorders, and even dexterity or manipulation problems. Communication difficulties transcend disabilities as long as we do not narrowly define communication. Resources and services traditionally provided for one disability group are often recognized as fulfilling a need of another disability group. Therefore, at SSU we have combined these services into one program within Rehabilitation Services.

Communication Services provide assessment, remediation, and modification of the learning environment based on the individual's communication needs, not on the individual's disability. Services provided include:

1. Communication skills screening and evaluation which include speech, hearing, cognitive, and language skills

2. Coordination of compensatory courses and tutors
3. Cognitive and study skills training
4. Speech and hearing therapy
5. Consultation with faculty in adapting course material
6. Academic Support Services
    a. alternate test procedures
    b. textbook on tape and reader service
    c. notetakers, dictation training and typists
    d. interpreter services
7. Augmentative communication equipment training and loan
8. Support groups
9. Faculty and staff in-service training

For further information contact:
Marilyn Grubb or Warren King
Rehabilitation Services
Southwest State University
Marshall, MN 56258

Program/Service: Curriculum: Ki Development for Students with Physical Disabilities/Handicaps

Submitted by: B. Jean Fairbairn, M.S. in Rehabilitation Counseling

The Ki Development workshop, taught by Sensei Hidy Ochiai, is designed to help participants maximize the harmony between mind, body, and the universe. Through meditation and complete breathing and movement exercises, or Katas, participants develop improved body images, greater self-confidence, and basic self-defense skills.

For further information contact:
B. Jean Fairbairn, M.S.
Coordinator, Office of Programs for Students with Disabilities
Professional Building, Room 134
SUNY - Binghamton
Binghamton, NY 13901
(607) 798-2686

Program/Service: Dealing in Disability (Services for Disabled Students)

Submitted by: Brenda H. Cooper, Program Director
University of South Carolina

Program information on procedures that have worked well for us:

--Accommodation
--Employment Process for Any Type of Assistance
--Counseling (Individual, Group, Family)
--Supervision of Attendants
--Advisement
--Parking Issues

For further information contact:
Services for Disabled Students
1321 Pendleton Street, Rm. 103
University of South Carolina
Columbia, SC 29208

Program/Service: In-Service Training/Awareness Program: Disabilities--Yours and Mine

Submitted by: B. Jean Fairbairn, M.S. in Rehabilitation Counseling

"Disabilities--Yours and Mine" is an experiential small group workshop during which participants are given the opportunity to explore the feelings they have about disabilities/handicaps and how these feelings affect their interactions with people having those disabilities/handicaps. The workshop is conducted in an accepting atmosphere and is based on the premise that while certain behaviors or actions may be more or less appropriate, feelings in and of themselves are neither good nor bad.

For further information contact: B. Jean Fairbairn, M.S.
Coordinator, Office of Programs for Students with Disabilities
Professional Building, Room 134
SUNY - Binghamton
Binghamton, NY 13901
(607) 798-2686

Program/Service: In-Service Training Handbook--Smith, Lynn M., The College Student with a Disability: A Faculty Handbook, President's Committee on Employment of the Handicapped, Washington, DC, 1980

Submitted by: Lynn M. Smith, Director, Disabled Student Services
San Francisco State University

The Handbook presents an introductory overview of disabilities that affect learning in a college or university setting and suggests various adjustments that can be made in the environment or in teaching style. The information presented in the handbook is seen as a general guide to the instruction of disabled students. It is designed as a reference work, with glossary and appendix, that the professor can consult when working with a student with a particular disability. It is not meant to substitute for interaction between professor and student but rather to facilitate it. It is the opinion of the author that the student is the "expert" regarding need and can usually suggest a solution.

For further information contact: President's Committee on Employment of the Handicapped
1111 - 20th Street NW
Washington, DC 20036

Program/Service: Introduction to Attendant Care: Orientation and Techniques

Submitted by: Deryl Grauer
University of California-Berkeley

This is a video-tape series illustrating various aspects of attendant care existing in the Berkeley disabled community and forming a basis for independent living for physically disabled individuals. Made by and for disabled persons and attendants, commonly used techniques and principles are shown as people go through their day to day routines, giving detailed demonstration and explanations of body care procedures including male and female indwelling, intermittent, supra-pubic, condom catheterization; lifts and transfer techniques such as pivot, cradle, hoyer lift, and sliding board; basic wheelchair maintenance (motorized and manual); skin care and pressure sores; autonomic dysreflexia; and passive range of motion exercises. Showing a variety of people and perspectives, these candid and sensitive tapes show the consumer and providers of attendant care what is done and why.

For further information contact: Berkeley Independent Video
Vista College
20 Milvia Street
Berkeley, CA 94704
(415) 841-8431

Program/Service: Metro College for Living

Submitted by: Jan L. Black

Our program provides continuing education opportunities for adults who have developmental disabilities (i.e. mental retardation, cerebral palsy, epilepsy). Classes are held on the Metropolitan State College campus, and this is the first chance most of our special students have ever had to come to college. College for Living utilizes volunteer teachers recruited from college classes and the community and trained by program staff; Metropolitan State College credit is available to our teachers.

Course offerings include Reading, Woodworking, Yoga, Looking Good, Money Management, Art, and a variety of others. Students in our program choose what they want to learn and offer the staff suggestions for future course ideas. Tuition is $16. Scholarships are provided to persons who cannot afford to pay.

We regard our program as a simple, unique blend of motivated adult learning for persons who are disabled and a hand-on team-teaching experience for college students. The program concept has been replicated in 25 other locations around the United States. Curriculum guides, the program evaluation, and other materials are available to interested persons at cost.

For further information contact: Metro College for Living
1006 11th Street, Box 92
Denver, CO 80204
(303) 629-2917

Program/Service: Potpourri of Resources for Educators and Counselors of the Hearing Impaired in Postsecondary Education

Submitted by: Dominic T. Bozzelli, Educational Specialist
National Technical Institute for the Deaf
Rochester Inistitute of Technology

This display will feature a variety of items used at NTID to assist hearing impaired students who are mainstreamed in the eight academic colleges of RIT. These materials have been developed and used by faculty, counselors, and trainers. It is felt that most, if not all, of the resources can be economically obtained, copied, or modified to meet the special needs of other programs. At the very least they simply may provide ideas for the development of new resources which will benefit the hearing impaired college student.

Some of the items which will be available for review are:

- --Video tapes and/or associated written materials for career and academic signs
- --Manuals and guidelines used in the training of tutors and notetakers
- --Curriculum ideas and handout materials used in the training and sensitivity of faculty who will have the hearing impaired student in their classrooms
- --Assorted video tapes used by counselors
- --Job searching materials used by placement advisors with students
- --An "Outdoor Education" program used with the deaf, but educationally and economically feasible for use with other handicapped individuals

For further information contact: Dominic T. Bozzelli
Educational Specialist
National Technical Institute for the Deaf
Rochester Institute of Technology
Rochester, NY 14623

Program/Service: Queensborough External Education Program for the Homebound

Submitted by: Merrill Parra, Director
External Education Program for Homebound
Queensborough Community College

Initiated in 1973, the External Education Program for the Homebound Handicapped provides the benefits of postsecondary and occupational education to severely disabled individuals who are confined to their homes and/or hospitals. Through the use of 45 portable telephone installations on campus, homebound students are able to participate in a fully accredited program of study leading to the Associate in Arts Degree. Through their own home telephones, over 65 students are currently enrolled in the Program. Special supportive services offered include provision of specialized educational aides, cultural enrichment programs, at-home tutoring and counseling, and an opportunity for shut-ins to participate in the social experience of "club hour" via a conference call group.

To date, the Program has had ten graduates, all of whom have either become employed or are enrolled in advanced level courses.

The Program has over 100 faculty members who voluntarily participate--teaching more than 200 courses. Homebound students, therefore, have a wide selection of curricula options and course selections.

For further information contact: Merrill Parra, Director
External Education Program for Homebound
Queensborough Community College
Bayside, NY 11365
(212) 631-6397/8/9

Program/Service: S.E.A.R.C.H. (Students Encouraging Awareness Raising and Communication with Handicappers)

Submitted by: Denny Hiner and Gretchen Olson

S.E.A.R.C.H. is a training model to empower students to in-service faculty/staff about the abilities of persons of physical limitations. The training demanded approximately 40 hours of training over several months as well as occasional homework assignments. Even more importantly, it demanded a great deal of self-examination and honesty among group members.

The original group of five students dwindled to a core of three whose schedules allowed them to complete the training. Training included:

1. Trust building among the group
2. Understanding themselves
3. Sharing themselves with others
4. Communication skills
5. Leading a group, sticking to a subject, time awareness, keeping all directed toward the subject
6. Goal setting
7. Selecting a goal for their workshops
8. Selecting and planning activities that would meet their goal
9. Writing the workshop agenda
10. Rehearsing the workshop

The final product, known as the "S.E.A.R.C.H. In-Service" is a 1½ hours mini-workshop. The students selected as their goal "raising peoples' awareness about the abilities of handicappers." The workshop has consisted of three components:

1. A self-disclosure in which the students tell who they are, what affect their disability does/doesn't have in their lives, how they decided to go to college, and what their goals are.

2. An awareness-raising questionnaire.

3. Question and answer time.

The optimum group size has been between 15 to 20, with the questionnaire discussed with each student leading a small group of 5 to 7 faculty members.

Reaction to this program by the approximately 150 faculty and students that have attended has been overwhelmingly positive. We believe that it is meeting our goals as instructors seemed less distressed when they discover a handicapped student on their class list and are willing to arrange for accommodations.

For further infomation contact: Special Services
Building 6
Des Moines Area Community College
2006 South Ankeny Boulevard
Ankeny, IA 50021

Program/Service: Student Special Services, Gallaudet College

Submitted by: Jo Anne Simon, Director
John M. Raymer, Assistant to the Director

Student Special Services (SSS) is the office on the campus of Gallaudet College which provides support services to those students having physical disabilities in addition to or other than hearing loss. A comprehensive program of support services is available permitting these students to acquire the same educational opportunities as their non-disabled peers. Students served represent a range of disabilities including visual impairment and blindness, cerebral palsy, orthopedic disabilities, and learning disabilities. Should a student require them, support services are designed and coordinated to meet his/her special needs.

SSS assists faculty and staff in making reasonable accommodations for students. SSS also shares information and technical assistance pertinent to various disabilities in order to foster an atmosphere of awareness and acceptance.

For further information contact: Student Special Services
Krug Hall
Gallaudet College
Kendall Green
Washington, DC 20002
(202) 651-5405

Conference Evaluation

EVALUATION SUMMARY

Gwen Callas, Conference Coordinator

The conferees were polled regarding the specific things that they liked about the conference, interest in more in-depth coverage of specific topics, and suggestions for future topics. These comments and suggestions are listed below and will serve as a guide for future conferences sponsored by AHSSPPE.

Out of 264 participants, 69 (26%) returned the evaluations. The majority of the respondents felt that the presenters were knowledgeable in the subject matter and presented the material well.

The general conference remarks were very positive. The respondents indicated that they were impressed with the atmosphere of professionalism, involvement, and sharing. In regard to the topics covered, the respondents reported satisfaction with the relevance of the issues represented.

General Conference Remarks

1. Atmosphere of involvement and commitment was appreciated
2. The issues were relevant
3. The participants represented a broad geographic area
4. Enjoyed the informal gatherings
5. Valuable materials available
6. Good format
7. Practical "how to" approach

Suggestions for Future Conferences

1. Continue to repeat concurrent sessions but allow more time for each topic
2. Would enjoy entertainment such as the National Theatre of the Deaf
3. More time for informal gatherings
4. Include more student and faculty presentations
5. Announce conference sooner
6. Focus on philosophical differences
7. List of accessible restaurants
8. Less expensive hotel for conference site
9. More time on program to view exhibits, resource room and program expo
10. Add a research room - topical clearinghouse
11. Debates on important issues
12. More accessible hotel

Topics Needing In-Depth Follow-Up at Future Conferences

1. The special needs of the student with a learning disability with a focus on curriculum modification and in-class testing procedures
2. The special needs of hearing impaired - focus on curriculum modification, English requirements, using an interpreter effectively
3. Legislation - continued updating
4. Faculty/staff in-service training
5. Maximizing the relationship between the postsecondary institution and vocational rehabilitation
6. Funding resources for programs
7. Sexuality counseling, e.g., the student and family
8. The special concerns of urban commuter campuses, i.e., transportation, social interaction
9. The special concerns of community colleges
10. Fire and safety planning
11. Assertiveness/leadership development
12. The disabled student as consumer/advocate
13. Awareness programs
14. Counseling in relation to special populations, e.g., head-injured
15. Group counseling techniques
16. Services for visually impaired students
17. Career planning
18. Psycho-social adjustment to disability, e.g., grieving related to loss
19. Attendant care

Additional Topics for Future Conferences

1. Management skills for the professional
2. Physical education, recreation, and leisure time activities for students with disabilities
3. Substance abuse
4. Accessible transportation arrangements
5. Accessible housing arrangements
6. Reader/brailler services
7. Vocational evaluation
8. Mental health concerns
9. Independent living rehabilitation
10. Counseling exceptionally difficult students, e.g., complainers, violent students
11. Grant writing
12. Organizing disabled student programs
13. The special needs of rural institutions
14. Adapting vocational education programs, e.g., welding, electronics
15. Evaluating the needs of students with communication disorders
16. The mentally retarded student in postsecondary education
17. Setting up taping facilities
18. Money making activities for student groups
19. Work/study and student employment and the disincentives of SSI/SSDI/VA programs
20. The counselor-coordinator's role in the community
21. Research in the field
22. Decentralization versus centralization of services
23. Crisis intervention techniques and counseling
24. The special concerns related to the monority handicapped student
25. The handicapped student in science - including curriculum modifications
26. The Talking Book program
27. The special concerns of the student with a "hidden disability"
28. Mobility training
29. Using advisory boards effectively
30. The special concerns of the disabled foreign student
31. Architectural modification presentations by architects and students

EVALUATION RESULTS

COMPILED BY GWEN CALLAS

SECTION I - Overall Conference	No. of Responses	Strongly Disagree	Disagree	Tend to Disagree	Tend to Agree	Agree	Strongly Agree
1. The location of this conference was satisfactory	69	4.347%	1.449%	4.347%	24.637%	43.376	18.840%
2. The physical facilities were satisfactory/accessible	69	8.695	2.898	21.739	36.231	26.086	4.347
3. The length of the program was adequate	69	4.347	4.347	10.144	14.492	50.724	15.942
4. The content presented was applicable to my work	69	1.449	-0-	-0-	15.942	31.844	50.724
5. The adapted transportation was adequate	19	-0-	-0-	10.526	36.842	31.578	21.052
6. The Resource Exchange was informative	63	-0-	-0-	-0-	22.222	46.031	31.746
7. The Program Expo was informative	52	-0-	-0-	1.932	38.641	36.538	23.076
8. The Exhibits were informative	63	-0-	-0-	1.587	36.507	36.507	25.396
SECTION II - Plenary Sessions							
9. An orientation to the Profession of Handicapped Student Services:							
a. was knowledgeable in the subject matter	52	-0-	-0-	5.769	15.384	50.000	28.846
b. presented the material well	52	-0-	-0-	13.461	23.076	38.461	25.000

	No. of Responses	Strongly Disagree	Disagree	Tend to Disagree	Tend to Agree	Agree	Strongly Agree
SECTION II - Plenary Sessions							
10. Better Living Through Good Chemistry:							
a. was knowledgeable in the subject matter	48	2.083	-0-	6.250	27.083	47.916	16.666
b. presented the material well	48	2.083	6.250	14.583	25.00	37.50	14.583
11. The Nature of Learning Disabilities:							
a. was knowledgeable in the subject matter	51	-0-	3.921	-0-	9.803	52.941	33.33
b. presented the material well	51	1.960	5.882	1.960	19.607	41.176	29.411
12. The Tutor/Notetaker as a Support Service for Deaf Students:							
a. was knowledgeable in the subject matter	45	-0-	-0-	2.22	13.33	33.33	51.11
b. presented the material well	44	-0-	2.272	4.545	22.727	34.090	34.090
13. The Meeting Issues Boiled Down: Ingredients Invited:							
a. was knowledgeable in the subject matter	16	-0-	-0-	12.50	18.75	37.50	31.25
b. presented the material well	16	-0-	-0-	12.50	18.75	35.50	31.25
SECTION III - Concurrent Sessions							
14. So You Have No Staff and No Money - Is a Quality Service Delivery Program Possible?							
a. was knowledgeable in the subject matter	25	-0-	-0-	4.00	8.00	32.00	56.00
b. presented the material well	25	-0-	-0-	4.00	4.00	40.00	52.00
15. PsycLo Social Adjustment to Disability							
a. was knowledgeable in the subject matter	17	-0-	-0-	11.764	29.411	29.411	29.411

SECTION III -Concurrent Sessions	No. of Responses	Strongly Disagree	Disagree	Tend to Disagree	Tend to Agree	Agree	Strongly Agree
15. b. presented the material well	17	-0-	11.764	5.882	23.529	29.411	29.411
16. The System of the Solution:							
a. was knowledgeable in the subject matter	18	-0-	5.55	-0-	-0-	27.77	66.66
b. presented the material well	17	-0-	-0-	-0-	5.882	35.294	58.823
17. Guidelines for Curriculum Adjustment Teaching Aids & Techniques:							
a. was knowledgeable in the subject matter	31	-0-	-0-	3.225	24.806	32.258	38.709
b. presented the material well	31	-0-	-0-	3.225	19.354	41.935	35.483
18. Twenty-Three Heads are Better Than One: A Group Approach to Awareness Programs:							
a. was knowledgeable in the subject matter	17	4.882	-0-	-0-	17.647	35.294	41.17
b. presented the material well	17	-0-	5.882	5.882	11.764	41.176	35.294
19. Social-Sexual Issues and the College Student with a Disability:							
a. was knowledgeable in the subject matter	14	-0-	-0-	7.142	21.428	35.714	35.714
b. presented the material well	14	-0-	-0-	7.142	14.285	35.714	42.857
20. The Head Injured Student in Higher Education: An Emerging Population							
a. was knowledgeable in the subject matter	24	-0-	-0-	-0-	16.66	58.33	25.00
b. presented the material well	24	-0-	-0-	4.166	29.166	37.50	29.166

	No of Responses	Strongly Disagree	Disagree	Tend To Disagree	Tend to Agree	Agree	Strongly Agree
SECTION III - Concurrent Sessions							
21. Taking Charge: Assertive Behavior & Leadership Skills for Disabled College Student:							
a. was knowledgeable in the subject matter	27	-0-	3.703	7.407	3.703	33.33	51.851
b. presented the material well	27	-0-	7.407	7.407	11.11	22.22	55.55
22. Attendant Programs: Models, Money, and Personal Interaction:							
a. was knowledgeable in the subject matter	16	-0-	-0-	-0-	6.25	37.50	56.25
b. presented the material well	16	-0-	-0-	6.25	12.50	25.00	56.25
23. Employment, Vocational and Career Counseling for Handicapped Professionals:							
a. was knowledgeable in the subject matter	20	-0-	-0-	-0-	15.00	35.00	50.00
b. presented the material well	21	-0-	-0-	9.523	19.047	28.571	38.095
24. Coordinating and Counseling in Community College							
a. was knowledgeable in the subject matter	9	-0-	-0-	-0-	11.11	55.55	33.33
b. presented the material well	9	-0-	-0-	-0-	22.22	44.44	33.33
25. Gaining Support for Your In-Service Training Programs on Overcoming Handicapism							
a. was knowledgeable in the subject matter	30	6.66	13.33	3.33	13.33	36.66	26.66
b. presented the material well	30	6.66	10.00	6.66	16.66	33.33	26.66

SECTION III - Concurrent Sessions

	No of Responses	Strongly Disagree	Disagree	Tend to Disagree	Tend to Agree	Agree	Strongly Agree
26. You Too Can Publish:							
a. was knowledgeable in the subject matter	13	-0-	-0-	7.692	30.769	15.384	46.153
b. presented the material well	13	-0-	-0-	7.692	30.769	23.076	38.461
27. Building Linkages with Vocational Rehabilitation:							
a. was knowledgeable in the subject matter	9	-0-	33.33	1.11	1.11	3.33	1.11
b. presented the material well	9	-0-	33.33	33.33	33.33	-0-	-0-
28. The Disabled Student as a Consumer/Advodate of Services in Post Secondary Education:							
a. was knowledgeable in the subject matter	28	-0-	-0-	-0-	25.00	46.428	28.57
b. presented the material well	28	-0-	-0-	7.14	21.428	46.428	25.00
29. Legislation: What's Happening:							
a. was knowledgeable in the subject matter	23	-0-	4.347	-0-	13.043	43.478	39.130
b. presented the material well	23	4.347	-0-	8.695	13.043	34.782	39.130
30. How Can We Reach Faculty Members on Our College Campuses:							
a. was knowledgeable in the subject matter	25	4.	-0-	4.	4.	36.00	52.00
b. presented the material well	25	8.	-0-	4.	4.	28.00	56.00
31. Testing: Facts & Fallacies:							
a. was knowledgeable in the subject matter	5	-0-	-0-	20.00	-0-	60.00	20.00
b. presented the material well	5	-0-	-0-	-0-	20.00	60.00	20.00

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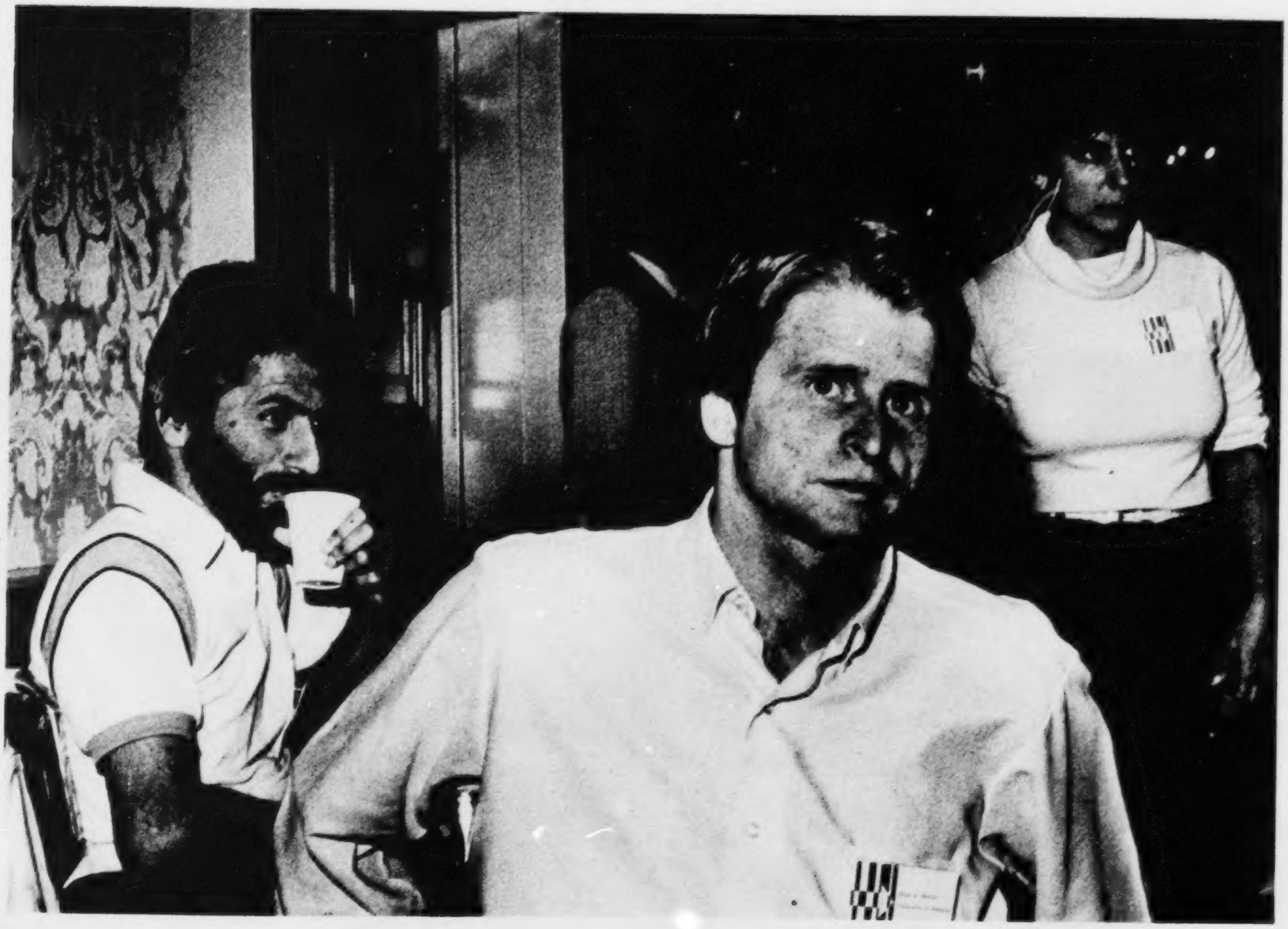

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Appendix

THE HANDICAPPED STUDENT ON COLLEGE CAMPUSES - ADVOCACY, RESPONSIBILITY AND EDUCATION

May 18-21, 1980

Sponsored by the Association on Handicapped Student Service Programs in Post-Secondary Education

SATURDAY, MAY 17, 1980

Noon - 5:00 pm	AHSSPPE Executive Board Meeting, Bonanza Room

SUNDAY, MAY 18, 1980

Noon - 5:00 pm	AHSSPPE Executive Board Meeting, Holiday Room
2:00 pm - 7:00 pm	Registration, East Mezzanine
7:00 pm - 8:00 pm	Plenary Session, Century Room "An Orientation to the Profession of Handicapped Student Service Programs Presenter and Moderator: Richard Harris, Ball State University
8:15 pm	AHSSPPE Reception/Cash Bar, Broadway Arms

MONDAY, MAY 19, 1980

8:00 am - 6:00 pm	Registration, East Mezzanine
9:00 am - 5:00 pm	Resource Exchange, Rooms 331 and 341 Materials and Information brought by conference participants on display. Coordinator: Barbara Hummel, Wisconsin
9:00 am - 10:15 am	Open Remarks, Century Room Gwen H. Callas, Conference Coordinator Cindy Kolb, President, AHSSPPE Keynote Address Edward V. Roberts, Director, California Department of Rehabilitation Services
10:15 am - 10:30 am	Break, East Mezzanine
10:30 - noon	Concurrent Sessions 1. "So You Have No Staff And No Money - Is a Quality Service Delivery Program Possible?", Century Room Presenters: Richard Harris, Ball State University; Chris Atkinson, Ball State University; Greg Thomsen, Marquette University Moderator: Richard Harris 2. "Psycho-Social Adjustment to Disability" Empire Room Presenter: Jack Thalberg, Craig Hospital, Denver Moderator: Trudy Puteet, Texas Technical University

3. "The System is The Solution, Bonanza Room

Presenter: Pat Marx, Wright State University

Moderator: Ron Gibbens, University of North Dakota

4. "Guidelines for Curriculum Adjustment - Teaching Aids and Techniques:, Holiday Room

Presenters: Carol Goldstein, California State Polytechnical Institute; Barbara Hummel, Wisconsin Jane Jarrow, Ohio State University

Moderator: Jane Jarrow

5. "Twenty-Three Heads are Better Than One: A Group Approach to Awareness Programs", Derrick Room

Presenters: Linda Donnels, George Washington University; Joanne Simon, Gallaudet College: Whitney Stewart, American University

Moderator: Linda Donnels

Noon - 1:30 pm Group Luncheon, Silver Glade Room

"The HEATH/AHSSPPE Bond - Better Living Through Good Chemistry"

Speaker: Rhona Hartman, Higher Education and the Handicapped (HEATH) Resource Center, American Association for Higher Education/American Council on Education

Noon - 5:00 pm Exhibits, Preimeter of the Silver Glade Room

Display by Manufacturers of aids and devices designed to assist the physically disabled and information on services of non-profit organizations

M[illegible]ified vehicle on display in parking lot off mezzanine

Coordinator: Chris Ethier, Southern Illinois University-Carbondale

Exhibitor list in registration packet

1:30 pm - 3:15 pm Concurrent Sessions

1. "Social-Sexual Issues and the College Student With a Disability", Century Room

Presenters: Cindy Kolb, Wayne State University; Andrea Schein, University of Massachusetts-Boston

Moderator: Cindy Kolb

2. "The Head-Injured Student in Higher Education - An Emerging Population", Empire Room

Presenters: Cal Carfrae, Community College of Denver; Don Gerber, Rocky Mountain Regional Spinal Injury Center; John Kulick, University of Minnesota-Duluth

Moderator: Ron Blosser, Southern Illinois University-Carbondale

3. "Taking Charge: Assertive Behavior and Leadership Skills for Disabled College Students", Bonanza Room

Presenters: Janet K. Huss, Iowa State University; Douglas Reynolds, Iowa Department of Public Instruction

Moderator: Trudy Puteet, Texas Technical University

4. "Attendant Programs: Models, Money, and Personal Interaction", Holiday Room

Presenters: Sharon Bonney, University of California-Berkeley; Susan O'Hara, University of California-Berkeley; Barbara Spoons, University of California-Berkeley; Deryl Grauer, University of California-Berkeley

Moderator: Sharon Bonney

5. "Employment, Vocational, and Career Counseling for Handicapped Professionals", Derrick Room

Presenters: Curt Vandivier, Des Moines Area Community College; Valerie Brew, Southern Illinois University

Moderator: Rubin Russell, Northern Essex Community College

3:15 pm - 3:30 pm Break

3:40 pm - 5:00 pm Plenary Session, Century Room

"The Nature of Learning Disabilities"

Presenters: Charles Davidshofer, Dean Miller, Michael Ryan, Colorado State University-Fort Collins; Dale Brown, President's Committee on Employment of the Handicapped

Moderator: Nancy Brower, Ohio State University

5:00 pm - 7:00 pm Dinner on own

7:00 pm - 8:30 pm AHSSPPE Business Meeting, Century Room

8:30 pm - 9:30 pm State/Regional Meetings, Silver Glade Room

Coordinator: Ron Blosser, Southern Illinois University-Carbondale

TUESDAY, MAY 20, 1980

9:00 am - 5:00 pm Exhibits, Perimeter of Silver Glade Room

Described earlier in program

Modified vehicle on display in parking lot off mezzanine

9:00 am - 5:00 pm Resource Exchange, Rooms 331 and 341

9:00 am - 10:30 am Concurrent Sessions

1. "Coordinating and Counseling in Community Colleges: Unique Concerns", Silver Glade Room

Presenters: Rubin Russell, Northern Essex Community College; Ken Bosch Community College of Denver; Ann Williams Lemke, El Past Community College

Moderator: Trudy Puteet, Texas Technical University

2. "Taking Charge: Assertive Behavior and Leadership Skills for Disabled College Students", Century Room

Presenters: Janet K. Huss, Iowa State University; Douglas Reynolds, Iowa Department of Public Instruction

Moderator: Trudy Puteet, Texas Technical University

3. "Gaining Support for Your In-Service Training Programs on Overcoming Handicapism", Empire Room

Presenter: Joseph Greve, Kemp and Young, Inc.

Moderator: Pat Marx, Wright State University

4. "So You Have No Staff and No Money - Is A Quality Service Delivery Program Possible?", Bonanza Room

Presenters: Richard Harris, Ball State University; Greg Thomsen, Marquette University

Moderator: Richard Harris

5. "The Head-Injured Student in Higher Education - An Emerging Population", Holiday Room

Presenters: Cal Carfrae, Community College of Denver; Susan Heatherington, Craig Hospital, Colorado; John Kulick, University of Minnesota-Duluth

Moderator: Ron Blosser, Southern Illinois University

6. "You Too Can Publish", Derrick Room

Presenters: Hazel Sprandel, Washington University; Marilyn Grubb, Southwest State University

Moderator: Hazel Sprandel

10:30 am - 10:45 am Break, East Mezzanine

10:45 am - noon Concurrent Sessions

1. "Building Linkages with Vocational Rehabilitation", Century Room

Presenters: Margaret Porter, Michigan Bureau of Rehabilitation; James Varty, Macomb Community College

Moderator: Margaret Porter

2. "Guidelines for Curriculum Adjustment - Teaching Aids and Techniques", Derrick Room

Presenters: Carol Goldstein, California State Polytechnical Institute; Barbara Hummel, Wisconsin; Jane Jarrow, Ohio State University

Moderator: Jane Jarrow

3. "Attendant Programs: Models, Money, and Personal Interaction", Bonanza Room

Presenters: Sharon Bonney, University of California-Berkeley; Susan O'Hara , University of California-Berkeley; Barbara Spoons, University of California-Berkeley; Deryl Grauer, University of California-Berkeley

Moderator: Sharon Bonney

4. "The Disabled Student as a Consumer/Advocate of Services in Post-Secondary Education", Holiday Room

Presenters: Lynn Smith, San Francisco State University; Colleen Miller (student), State University of New York-Buffalo; Tony Serra (student) State University of New York-Buffalo; Cheryl Adams (student) Fort Steilacoom Community College

Moderator: Pearl Rose, Fort Steilacoom Community College

5. "Gaining Support for Your In-Service Training Programs on Overcoming Handicapism", Empire Room

Presenter: Joseph Greve, Kemp and Young, Inc.

Moderator: Rubin Russell Northern Essex Community College

Noon - 2:15 pm Lunch - on own

2:15 pm - 4:00 pm Plenary Session, Silver Glade Room

"The Tutor/Notetaker as a Support Service for Deaf Students"

Presenters: Jimmie Joan Wilson, Alan Hurwitz, Fred Wilson, Zerbe, Ed Cain, National Technical Institute for the Deaf

Moderator: Dr. Joseph Rosenstein, Bureau of Education for the Handicapped

4:00 pm - 6:00 pm Program/Service Expo, Century Room

Display of information about programs, services, and activities by AHSSPPE members. See Registration packet for detailed information.

Coordinator: Janet K. Huss, Iowa State University

Participants are also encouraged to visit the exhibits, perimeter of the Silver Glade Room and the Resource Exchange Rooms 331 and 341 at this time.

7:00 pm - 8:00 pm AHSSPPE Committee Meetings

External Affairs - Holiday Room

Communications Committee - Empire Room

Legislative Committee - Bonanza Room

Membership Committee - Derrick Room

Professional Development Committee - Directors Room

Program Committee - Room 331

Special Concerns Committee - Room 341

7:00 pm - 11:00 pm National Association of Students with Handicaps Meeting, Silver Glade Room

Participants invited to stop in

WEDNESDAY, MAY 21, 1980

9:00 am - 10:30 am Concurrent Sessions

1. "The Disabled Student as a Consumer/Advocate of Services in Post-secondary Education", Silver Room

Presenters: Lynn Smith, San Francisco State University; Colleen Miller (Student), State University of New York -Buffalo; Tony Serra (Student) State University of New York - Buffalo; Cheryl Adams (Student), Fort Steilacoom Community College

Moderator: Pearl Rose, Fort Steilacoom Community College

2. "Legislation: What's Happening", Empire Room

Presenters: Mike Rice, Edinboro State College; Warren King, Southwest State University; Chet Avery, Office of Handicapped Concerns, Health, Education, and Welfare

Moderator: Mike Rice

3. "Employment, Vocational, and Career Counseling for Handicapped Professionals", Bonanza Room

Presenters: Curt Vandivier, Des Moines Area Community College; Valerie Brew, Southern Illinois University

Moderator: Rubin Russell, Northern Essex Community College

4. "Psycho-Social Adjustment to Disability", Holiday Room

Presenter: Joann Taggie, Denver, Colorado

Moderator: Trudy Puteet

5. "The System is the Solution", Derrick Room

Presenter: Pat Marx, Wright State University

Moderator: Ron Gibbens, University of North Dakota

6. "How Can We Reach Faculty Members on Our College Campuses?", Room 331

Presenters: Carol Goldstein, California Polytechnical University-Pomona; Jane Jarrow, Ohio State University; Bertha Cutcher, State University of New York-Buffalo; JoAnne Simon, Gallaudet

Moderator: Rubin Russell, Northern Essex Community College

10:30 am - 10:45 am Break, East Mezzanine

10:45 am - 12:15 pm

Concurrent Sessions

1. "You Too Can Publish", Silver Glade Room

Presenters: Hazel Sprandel, Washington University; Kent Kloepping, University of Arizona; Marilyn Grubb, Southwest State University

Moderator: Hazel Sprandel

2. "Testing: Facts and Fallacies", Empire Room

Presenters: Mike Rice, Edinboro State College; Susan Sherman, National Research Council

3. "Twenty-Three Heads Are Better Than One: A Group Approach to Awareness Programs", Bonanza Room

Presenters: Linda Donnels, George Washington University; JoAnne Simon, Gallaudet College; Whitney Stewart, American University

4. "Building Linkages With Vocational Rehabilitation", Holiday Room

Presenters: Margaret Porter, Michigan Bureau of Rehabilitation; James Varty, Macomb Community College

Moderator: Margaret Porter

5. "Coordinating and Counseling in Community Colleges: Unique Concerns", Derrick Room

Presenters: Ann Williams Lemke,El Past Community College: Rubin Russell, Northern Essex Community College; Ken Bosch, Community College of Denver

Moderator: Trudy Puteet

12:30 pm - 1:30 pm

Plenary Session, Silver Glade Room

"The Meeting Issues Boiled Down: Ingredients Invited"

Brief panel presentations addressing the crucial issues of our profession. Participant discussion will be invited.

Panel: Alfred DeGraff, Boston University; Janet K. Huss, Iowa State University; Colleen Miller (Student) State University of New York-Buffalo

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